

FACE SHEET
FILING ADMINISTRATIVE REGULATION
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING SEP 30 1960 Division of Administrative Procedure ENDORSED APPROVED FOR FILING (GOV. CODE 11380.1) SEP 30 1960 Division of Administrative Procedure DO NOT WRITE IN THIS SPACE	Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by: State Department of Social Welfare (Agency) Dated: September 30, 1960 By: <i>[Signature]</i> Deputy Director (Title)	FILED In the office of the Secretary of State of the State of California SEP 30 1960 At 1:35 o'clock P M. FRANK M. JORDAN, Secretary of State <i>[Signature]</i> Assistant Secretary of State DO NOT WRITE IN THIS SPACE
--	---	--

September 30, 1960 W&IC 103, 103.1, 2020, 4555

DEPARTMENT BULLETIN NO. 591 (MC)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS
CALIFORNIA PHYSICIANS' SERVICE

Subject: Eye Care to OAS Recipients
Added to Medical Care Fund
Services Effective
October 1, 1960

HR 12580 recently enacted by Congress makes additional federal funds available for Medical Care of Old Age Security recipients. Expansion of medical services will be initiated October 1, 1960, with the inclusion of eye care and certain eye appliances within the scope of the Medical Care Fund for OAS recipients, including those recipients in public or private hospitals.

To provide the services and appliances the following manual sections will be added or revised. In addition to the section headings these additions and revisions are indicated by underlining. The underlining will not appear in the manual sections when issued.

A letter will be sent to all physician eye specialists, optometrists, dispensing opticians and public and voluntary clinics. They will be advised of the new coverage for OAS recipients; and prior authorization will not be required for refractions but will be for eye appliances; at present SDSW forms primarily MC-161, Medical Treatment Authorization Request, MC-163, Medical Care Statement, MC-165, Medical Care Prescription, must be used; those practitioners and vendors not familiar with the program should consult with the county welfare department.

The following manual sections are revised or added as indicated:

MC-014 Practitioner - Regulations

A person licensed to practice in California by the Boards of Medical Examiners, Dental Examiners, Osteopathic Examiners, Chiropractic Examiners, or Optometric Examiners; or

The last paragraph of this manual section starting "Optometrists licensed by the California State Board of Optometry ..." will be deleted.

MC-020 Who are Eligible to Receive Services - Handbook

Exception: Payments from the Medical Care Trust Fund other than refractions, and eye appliances for Old Age Security recipients, are not allowable for "inpatients ..."

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
DR FILING ADMINISTRATIVE REGULATION IS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

MC - 031.1 Services Available to All Recipients Without Prior Authorization - Regulations

- I. Refractions for Old Age Security Recipients and necessary repairs to eye appliances.

MC-031.6 Services Available to All Recipients, Except Aid to Disabled, With Prior Authorization - Regulations

This section will be partially realphabetized. The present "G" will become "F," the present "H" will become "G," etc.

- K. For Old Age Security Recipients Only Eye Appliances Listed in the Schedule of Maximum Allowances. Prior authorization may not be waived (MC-053.50).

MC-031.6 Services Available to All Recipients, Except Aid to Disabled, With Prior Authorization - Handbook

- K. For Old Age Security Recipients only the practitioner prescribing eye appliances initiates the treatment authorization request, Form MC-161 (MC-052.10 (2)). The practitioner will also use prescription form MC-165 (MC-052.10 (6)).

MC-040 Schedule of Maximum Allowances - Regulations

The following paragraph will be inserted as an exception, following paragraph 2, which ends "... an emergency out-patient basis." Exception: For Old Age Security recipients only, refractions and eye appliances are allowable for the recipients in hospitals.

Following the next to last paragraph on the first page of this section which ends "... operated as a part of such hospital." Exception: For Old Age Security recipients only, refractions and eye appliances are allowable for both in-patients and out-patients.

MC-040.05 Exclusions Under the Program - Handbook

Following paragraph "A" exception: Refractions and eye appliances for Old Age Security recipients.

Following "B" of this same section Exception: Refractions and eye appliances for Old Age Security recipients.

MC-045.1 Refractions and Eye Appliances - Regulations

For OAS recipients only, if a physician or optometrist recommends the use of eye appliances, the cost of refractions and of eye appliances is allowed not to exceed the maxima listed below.

DEPARTMENT BULLETIN NO. 591 (MC)
Page 2

These Regulations are designated to become effective OCT 1 1960

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULATION IS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

More than one type of glasses is permitted if correction for both reading and distance vision is required and two pairs of glasses are recommended by a physician or optometrist because the recipient's physical condition prevents use of bifocal lenses.

Lenses must be of a quality at least equal to Tillyer, Orthogon or Univis.

Refraction	\$15.00
Bifocal lenses (other than cataract) - each lens	10.00
Single vision lenses (other than cataract) - each lens	5.00
Bifocal cataract lenses - each lens	20.00
Bifocal cataract lenses - each lens - Lenticular - Rose tint	27.50
Bifocal cataract lenses - each lens - Lenticular - balance - Rose tint	13.75
Single vision cataract lenses - each lens	10.00
Single vision cataract lenses - each lens - Lenticular - Rose tint	13.75
Tinted lenses - additional for each lens	2.00
Prism - additional for each lens	2.00
Frames	10.00

Artificial eyes

<u>Plastic, stock - each</u>	35.00
<u>Glass - each</u>	15.00

Corneal lenses for correction of keratoconus or other pathological conditions of the cornea wherein useful (i.e. 20/80) vision cannot be obtained with regular lenses per pair

100.00

Repairs

Cost is to be allowed in accordance with local community practice, not to exceed a reasonable amount as determined by the county.

(Sales tax, where applicable, is added to the above maxima.)

(ALL OF THE ABOVE IS TO BE CONSIDERED AS UNDERLINED)

MC-052.10 Forms Prescribed by SDSW - Handbook

It is proposed to delete paragraph one of this section.

* * * * *

The provisions of this bulletin supersede any sections or portion of sections of the Medical Care manual which are in conflict herewith. Appropriate manual sections will be amended as soon as possible to bring them into conformity.

DEPARTMENT BULLETIN NO. 591 (MC)
Page 3

OCT 1 1960

These Regulations are designated to become effective _____

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULATION IS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

W&IC 103, 103.1, 2020, 4555

J. M. WEDEMEYER
Director

EDMUND G. BROWN
Governor

State of California
DEPARTMENT OF SOCIAL WELFARE

722 Capitol Avenue
Sacramento 14

September 30, 1960

DEPARTMENT BULLETIN NO. 592 (OAS)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS
CALIFORNIA PHYSICIANS' SERVICE

Subject: Eye Care to OAS Recipients
Excluded as Special Need
Effective October 1, 1960

HR 12580 recently enacted by Congress makes additional federal funds available for medical care of Old Age Security recipients. Expansion of medical services will be initiated October 1, 1960 with the inclusion of eye care (refractions, eye glasses, other eye appliances or visual aids) within the scope of the Medical Care Fund for OAS recipients, including those recipients in public or private hospitals.

Accordingly, on and after October 1, 1960, the cost of eye care, refractions, glasses, etc., will be included as a special need in the Old Age Security grant determination only for the relatively few recipients on whose behalf payments cannot be made from the Medical Care Fund (see Manual Sections A-206 and MC-020 re special need allowances for "medical care only" recipients).

Subject to the conditions specified in Manual Sections A-207 through A-207.3, special need will continue to be allowed on and after October 1, 1960, for payment on a debt incurred prior to October 1, 1960, for a refraction, glasses, etc.

Effective October 1, 1960, Manual Section A-206.92, Special Need for Eye Glasses, is cancelled. The foregoing also supersedes any instruction in current Handbook Sections A-225 and A-206.8 in conflict therewith.

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective OCT. 1 1960

CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULATION
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

VS
W&IC 103, 103.1, 2020, 4555

J. M. WEDEMEYER
Director

EDMUND G. BROWN
Governor

State of California
DEPARTMENT OF SOCIAL WELFARE

722 Capitol Avenue
Sacramento 14
September 30, 1960

DEPARTMENT BULLETIN NO. 591-A (MC)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS
CALIFORNIA PHYSICIANS' SERVICE

Subject: Dental Care to OAS Recipients
Added as Medical Care Fund
Service Effective
November 1, 1960

The scope of the Medical Care Fund will be expanded effective November 1, 1960, to include necessary dental care for Old Age Security recipients, including those recipients in public or private hospitals.

Effective November 1, 1960, the following paragraph will be added to Manual Section MC-031.6, Services Available to All Recipients, Except Aid to Disabled, with Prior Authorization:

For OAS recipients all essential dental care necessary to restore and maintain adequate dental health pursuant to standards established by the Director of the SDSW.

The term "essential" and "necessary" limits the care which is available under the Medical Care Fund. Excluded are expensive replacements and restorations.

The provisions of this bulletin supersede any sections or portions of sections of the Medical Care manual which are in conflict herewith. Appropriate manual sections will be amended as soon as possible to bring them into conformity.

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective NOV 1 1960

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

NS

W&IC 103, 103.1, 2020, 4555

J. M. WEDEMEYER
Director

EDMUND G. BROWN
Governor

State of California
DEPARTMENT OF SOCIAL WELFARE

722 Capitol Avenue
Sacramento 14
September 30, 1960

DEPARTMENT BULLETIN NO. 592-A (OAS)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS
CALIFORNIA PHYSICIANS' SERVICE

Subject: Dental Care to OAS Recipients
Excluded as Special Need

The scope of the Medical Care Fund will be expanded effective November 1, 1960, to include necessary dental care for Old Age Security recipients, including those recipients in public or private hospitals. Accordingly on and after November 1, 1960, the cost of dental care, dentures, etc., will be included as special need in the Old Age Security grant determination only for the relatively few recipients on whose behalf payments cannot be made from the Medical Care Fund. (See Manual Sections A-206 and MC-020 regarding special need allowances for "medical care only" recipients.)

Subject to the conditions specified in Manual Sections A-207 through A-207.3, special need will continue to be allowed on and after November 1, 1960, for payment on a debt incurred prior to November 1, 1960, for dental care.

Effective November 1, 1960, Manual Section A-206.9, Special Need for Dental Care, is canceled. The foregoing also supersedes any instructions in Handbook Sec. A-225 in conflict therewith.

DO NOT WRITE IN THIS SPACE

NOV 1 1960

These Regulations are designated to become effective.....

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations

DETERMINATION OF INCOME

B-211

B-211 INCOME - DEFINITIONS - ANB-APSB

B-211

Income is any benefit in cash or in kind received as a result of current or past labor or services, business activities, interests in real or personal property, or as a contribution from persons, organizations or assistance agencies.

Exceptions:

1. County supplementation is not considered income if the recipient's grant and other income are not sufficient to meet his total need determined within the limits specified in Chapter 20.
2. Certain benefits received as nonrecurring lump sum payments, irregular, non-recurring gifts of money, and proceeds received from sale of property (excluding proceeds from sale of less than an entire holding of livestock, poultry, or timber) are considered personal property rather than income (see Secs. B-136, Differentiation of Personal Property and Income, and B-137, Acquisition and Conversion of Real or Personal Property).

Separate income is a) income derived as a result of an interest in separate property, or, b) income resulting from employment or military service rendered prior to the present marriage, or c) that portion of community income which the wife brings to the community through her efforts.

Community income is:

- a. Income derived as a result of an interest in community property.
- b. Income resulting from employment or military service performed during the present marriage or being performed at the time of the present marriage.
Exception: If the applicant or recipient has relinquished his community interest in his spouse's earnings by oral or written agreement, such income is separate income of the spouse. If it is determined that the agreement was made for the purpose of qualifying for aid or for a greater amount of aid, such income is considered community income.
- c. Income from the earnings of a minor child, unless the child has been emancipated. (See Sec. B-150.2.)

Current income is that which is received in the current month regardless of the period over which it accrued. Exceptions: (1) Interest payments in decreasing amounts may be averaged; (2) If all or a portion of a cash gift is determined to be income pursuant to W&IC Secs. 3047.22 and 3447.2, it is considered "current income" in the month following receipt. (See Sec. B-136.)

Any unexpended portion of current income becomes personal property on the first of the month following receipt of the income. Exception: See Sec. B-212.7, Recurring Lump Sum Income - ANB.

Casual income is income which is 1) unpredictable as to amount and time of receipt; 2) of short duration; and 3) of negligible importance in meeting continuing needs under the ANB-APSB standard. Such income is not considered in determining the amount of the aid payment.

Income from an inconsequential resource is the net return from an interest in real or personal property which makes no appreciable contribution to the continuing needs of a recipient under the ANB-APSB standard. Such income is not considered in determining the amount of the aid payment.

(Continued)

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

B-211 (Continued)

B-211

In ANB exempt earned income is net income to and including \$85 a month, plus 50 percent of any net income in excess of \$85 a month, received as wages, salary, commissions, or profit from activities such as business enterprise, farming, etc., in which the applicant/recipient is engaged as a self-employed individual or as an employee. (See Sec. B-212.30, Net Income)

In APSB exempt income is net income from all sources (except casual or inconsequential) up to and including \$1,200 a year, plus 50 percent of any income in excess of \$1,200 during a yearly income period. (See Sec. B-212.30, Net Income)

See Sec. B-136; Differentiation of Personal Property and Income

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective October 1, 1960

CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

Regulations

DETERMINATION OF INCOME

B-212.10

B-212.10 EXEMPT INCOME - ANB

B-212.10

Earned income up to and including \$85 a month, plus 50 percent of any earned income in excess of \$85 a month, is exempt in determining the amount of aid.

Earned income is defined as net income in cash or kind received as wages, salary, commissions, or profit from activities, such as business enterprise, farming, etc., in which the applicant/recipient is engaged as a self-employed individual or as an employee. It includes earnings over a period of time for which settlement is made at one given time, as in the instance of sale of farm crops, livestock, or poultry (other than the sale of an entire holding). If earned income is received in a lump sum payment for services rendered over a period of more than one month, a sum up to \$85 plus 50 percent of the sum in excess of \$85 (depending on the amount of other exempt income which may have been received) multiplied by the number of months during which the lump sum income was earned shall be exempt from consideration. (See Sec. B-212.40, Evaluation of Income in Kind.)

Returns from personal or real property holdings, such as the net income from rental of rooms, from purveying of board and room, from crops or livestock, etc., is considered earned income if such returns result from an appreciable and continuous effort on the part of the applicant or recipient.

The recipient is entitled to receive the maximum amount of aid each month and retain net earned income up to \$85. If a person has net earned income of more than \$85 in a given month, one-half of any such income is exempt and the balance is considered in determining the grant. (See Sec. B-221, Amount of Aid Payment.) Exception: If the recipient is making an allocation to his spouse, no adjustment in the recipient's grant of aid is made until the unmet need of the spouse has been met. (See Sec. B-212.51, Community Income - ANB - APSB.)

Aid for an otherwise eligible recipient shall continue until the recipient becomes self-supporting. Any determination by a county that the objectives of a plan for self-support have been realized shall be made on the basis of the particular circumstances involved with due regard for the necessity of continuing grants of aid until self-support has been fully achieved.

Self-support is considered to have been achieved if the recipient's earning pattern over a reasonable period of time demonstrates average earnings which are sufficient for self-support and which are likely to continue. For the purpose of determining whether a person has achieved self-support, monthly net income of a recipient shall be computed without deduction of the community property interest of a spouse in the income. Self-support for a recipient of ANB means support for the recipient personally and does not include allowance for the needs of members of his family.

Funds for readers or a scholarship, or both, are exempt from consideration as income provided such funds are not available to meet basic needs of the recipient.

CALIFORNIA-SDSW-MANUAL- AB

Rev. 1080 replaces Rev. 283

Effective 10/1/60

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

B-212.7

DETERMINATION OF INCOME

Regulations

B-212.7 RECURRING LUMP-SUM INCOME - ANB

B-212.7

Recurring lump-sum income is (1) income which has accrued over two or more months and which can be expected to be received at intervals in the future, and (2) a benefit of a recurring type which is received less frequently than monthly.

If earned income is received in lump sum payment for services rendered over a period of more than one month, a sum up to \$85 plus 50 percent of the sum in excess of \$85 (depending on the amount of other exempt income which may have been received) multiplied by the number of months during which the lump sum income was earned shall be exempt from consideration.

Nonexempt lump sum income is to be applied to identified need in future months. The method of apportionment is to be that which it appears (1) will be most advantageous to the recipient in meeting his total needs, and (2) will fall within time limits which avoid overlapping apportionment periods.

DO NOT WRITE IN THIS SPACE

CALIFORNIA-SDSW-MANUAL-AB

Rev. 1081 replaces Rev. 1074

Effective 10/1/60

CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULATION WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

S-400 INTRODUCTION - MONTHLY STATISTICAL REPORTS ON MEDICAL CARE OF OAS, AB AND ANC RECIPIENTS (FORMS AG 260, BL 260, APSB 260, CA 260-FG AND CA 260-BHI) S-400

Contents of Reports

These statistical forms are to be used to report medical care services and expenditures allowed under the Medical Care program and paid from the county Medical Care Revolving Fund.

Medical Care provided from county indigent funds or from other county funds, is to be excluded from these statistical reports.

When to Report Medical Care

The Medical Care statistical reports shall be sent in duplicate to Bureau of Statistical Reports, State Department of Social Welfare, 722 Capitol Avenue, Sacramento, California, to arrive by the 12th of each month following the month covered by the report.

S-402 GENERAL INSTRUCTIONS - MONTHLY STATISTICAL REPORTS ON MEDICAL CARE, FORMS AG 260, BL 260, APSB 260, CA 260-FG AND CA 260-BHI S-402

Counties with CPS Contracts

Counties having contracts with California Physicians' Service shall submit monthly statistical reports on those Medical Care services for which they receive and process bills under the state Medical Care program, i.e., medical care provided by chiropractors, spiritual healers, public clinics. Counties shall also report on authorizations for "complete" dental care for children. California Physicians' Service will provide the State Department of Social Welfare with statistical reports on the vendor services included in their contracts for each county.

Medical Care Provided by Public and Private Clinics

Medical care services provided by public and private clinics will be reported in the same way as services provided by other vendors, i.e., according to the type of service provided. Exception: Payments to the University of California Clinic, San Francisco, are on a "unit-fee" basis. Report the amount of the payments under "9c."

Month Covered by Report

Report medical services according to the month in which the payment is made.

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective OCT 1 1960

CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

S-420 COLUMN DEFINITIONS, FORMS AG 260, BL 260, APSB 260, CA 260-FG, S-420
CA 260-BHI

Each Form 260 is divided into two columns. Column (1) is for reporting the number of units of service provided, and Column (2) for reporting the amount paid for them.

Column (1) - Units of Service: Report in this column services rendered under the Medical Care Program. Enter a total at the top of the column. This total, since it consists of a variety of units, is significant only for control purposes. Unit of service counts are not required for items which have this column crossed out.

The unit of count varies with the type of service:

The Visit will be the unit of count for physicians, other practitioners and visiting nurses.

The Statement (Forms MC 162 and 163) will be the unit of count for dental care and rehabilitation centers.

The Prescription (Form MC 165) will be the unit of count for drugs.

Column (2) - Amounts: Enter in this column the amounts expended during the month for each type of medical care. The sum of the entries will equal the "Total" entry. Include payments from grant for services rendered before October 1, 1959. Amounts may be rounded to the nearest dollar.

S-440 TYPES OF MEDICAL CARE, FORMS AG 260, BL 260, APSB 260, S-440
CA 260-FG, CA 260-BHI

Item 1. Physicians' visits - report the number of visits (home and office) of licensed medical and osteopathic practitioners and the amount paid for these services. The following procedures (Medical Care Manual Sec. 040.1) are counted as visits:

004	011	030	032
006	028	031	034
007			

(Continued)

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

S-440 (Continued)

S-440

- Item 2. Other practitioners' visits - report the number of visits (home and office) of chiropractors, chiropodists, and spiritual healers and the amount paid for these services. The following procedures (Medical Care Manual Secs. 043, 044, 045) will be included:

Chiropody (Medical Care Manual Sec. 043):

10 20 30

Chiropractic (Medical Care Manual Sec. 044):

004 005 006 007 011 028 030 031 032 034

Spiritual healer (Medical Care Manual Sec. 045):

1 2

- Item 3. Visiting Nurse visits - report the number of visits by visiting nurses and the total amount paid for these visits. (Medical Care Manual Sec. 047)

- Item 4. Special Medical Procedures - report the amounts paid for the procedures specified below:

Medical Care Manual Sec. 040.1

026 027 102 - 151

Medical Care Manual Sec. 040.2

0101 - 0402	1401 - 1517	2631 - 2644	5057 - 5062
0430	1851 - 1892	2701 - 3590	5437 - 5844
0501	1901 - 2186	3931 - 4033	5901 - 5961
0686 - 0980	2454	4101 - 4305	
1251 - 1385	2461	4403 - 4713	

Chiropody (Medical Care Manual Sec. 043)

50 - 53 70 - 72
60 80 - 96

Chiropractic (Medical Care Manual Sec. 044)

026 027 102 - 151

(Continued)

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
 OR FILING ADMINISTRATIVE REGULA 15
 WITH THE SECRETARY OF STATE
 (Pursuant to Government Code Section 11380.1)

S-440 (Continued)

S-440

Item 5. X-ray - report the amounts paid for the following procedures:

Medical Care Manual Section 040.3

7007 - 7112	7350 - 7377
7201 - 7258	7450 - 7478
7300 - 7308	

Chiropody (Medical Care Manual Sec. 043)

40 - 44

Item 6. Laboratory - report the amounts paid for the following procedures:Medical Care Manual Sec. 040.4

8602 - 8750	8851 - 8878	8901 - 8918	8950 - 8999
8800 - 8835	8881 - 8895	8930 - 8949	

Item 7. Drugs and Other Medical Supplies - Drugs reported here are limited to those specified in Manual Section MC 031.1.

- a. Prescriptions - Enter the number of prescriptions (Form MC 165) and the amounts paid.

Exception: Oxygen - Whenever a charge for oxygen is identifiable, it shall not be reported under prescription, but the amount shall be reported under Item 9c. Injections administered by a physician in the course of a visit shall be reported under 7 b.

- b. Injections administered by a physician - Enter the amount paid for injections and medical supplies administered by physicians for which charges were made on Form MC 163.

Item 8. Dental Care - report the number of dental care statements (Form MC 162) which were paid during the month and the amount paid. Report the following procedures here:Medical Care Manual Sec. 042

010 - 360

(Continued)

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

S-440 (Continued)

S-440

Item 9. Other Allowable Types of Medical Care - report as follows, under a, b, c:

- a. Physicial Therapy or Physio-therapy (MC 048) - Enter the amount paid for this type of service.
- b. Services of Rehabilitative Centers (MC 031.5) - Report the number of statements and the amounts paid.
- c. Other - Report here the amounts paid for types of service not classifiable in any of the items preceding. Include mileage for physicians, Procedures Code 008, (MC 040.1), for chiropractors, Procedures Code 008 (MC 044), and for chiropodists, Procedures Code 35 (MC 043); amounts paid during the month to the University of California Clinic; and nursing service (other than visiting nurses) (MC 031.5).

Item 10. (OAS only) Items added under Expanded Coverage (Type in item titles when instructed by SDSW.) As coverage of additional kinds of Medical Care for OAS recipients is authorized, counties will be advised of the entries to be made for this item.

Item 10. (ANC only) "Complete" Dental Care - Requests Authorized this Month - make entries as follows:

Number of Children - Enter the number of children in whose behalf the county authorized "complete" dental care during the month.

Amount Authorized - Enter the amount authorized by the county for the "complete" dental care of the above children. This amount is not expected to agree with the actual expenditures which are reported in Item 8.

Item 11. (Item 10 for ANB and APSB) Diagnostic Appraisals - Enter a count of diagnostic appraisals (MC Code 028) for which payment was made during the month. (Note that these visit counts and the expenditures are also included under the physician's visits, Item 1, or other practitioner's visits, Item 2.)

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective OCT 1 1960

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

State of California
Department of Social Welfare

Bureau of Statistical Reports
722 Capitol Avenue, Sacramento

MEDICAL CARE SERVICES AND PAYMENTS

AID TO NEEDY CHILDREN - BOARDING HOMES AND INSTITUTIONS
Monthly Statistical Report

Submit in duplicate by 12th of month following
month of report.

County _____
Month of _____ 19____

TYPES OF MEDICAL CARE	NUMBER OF UNITS OF SERVICE (1)	AMOUNT (2)
TOTAL		\$
1. Physician's visits.		
2. Other practitioner's visits		
3. Visiting nurse - No. of visits.		
4. Special medical procedures.	X X X X X	
5. X-ray	X X X X X	
6. Laboratory.	X X X X X	
7. Drugs and medical supplies		
a. Prescriptions (count of Forms MC 165)		
b. Injections and medical supplies billed on Forms MC 163.	X X X X X	
8. Dental care - number of statements.		
9. Other allowable types of care		
a. Physical therapy.	X X X X X	
b. Rehabilitative centers - No. of statements.		
c. Other	X X X X X	
10. Diagnostic appraisals - number of persons		
11. "Complete" dental care - requests authorized this month:		
Number of children.		
Amount authorized		\$

Prepared by _____

Date _____

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

State of California
Department of Social Welfare

Bureau of Statistical Reports
722 Capitol Avenue, Sacramento

MEDICAL CARE SERVICES AND PAYMENTS

AID TO NEEDY CHILDREN - FAMILY GROUPS
Monthly Statistical Report

Submit in duplicate by 12th of month following
month of report

County _____
Month of _____ 19__

TYPES OF MEDICAL CARE	NUMBER OF UNITS OF SERVICE (1)	AMOUNT (2)
TOTAL		\$
1. Physician's visits.		
2. Other practitioner's visits		
3. Visiting nurse - No. of visits.		
4. Special medical procedures.	X X X X X	
5. X-ray	X X X X X	
6. Laboratory.	X X X X X	
7. Drugs and Medical Supplies		
a. Prescriptions (count of Forms MC 165)		
b. Injections and medical supplies billed on Forms MC 163.	X X X X X	
8. Dental care - number of statements.		
9. Other allowable types of care		
a. Physical therapy.	X X X X X	
b. Rehabilitative centers - No. of statements.		
c. Other	X X X X X	
10. Diagnostic appraisals - number of persons		
11. "Complete" dental care - requests authorized this month:		
Number of children		
Amount authorized.		\$

Prepared by _____ Date _____

OCT 1 1960

These Regulations are designated to become effective _____

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

State of California
Department of Social Welfare

Bureau of Statistical Reports
722 Capitol Avenue, Sacramento

MEDICAL CARE SERVICES AND PAYMENTS

OLD AGE SECURITY
Monthly Statistical Report

Submit in duplicate by 12th of month following month of report		County _____
		Month of _____ 19____
TYPES OF MEDICAL CARE	NUMBER OF UNITS OF SERVICE (1)	AMOUNT (2)
TOTAL		\$
1. Physician's visits.		
2. Other practitioner's visits		
3. Visiting nurse - No. of visits.		
4. Special medical procedures.	X X X X X	
5. X-ray	X X X X X	
6. Laboratory.	X X X X X	
7. Drugs and medical supplies		
a. Prescriptions (count of Forms MC 165)		
b. Injections and medical supplies billed on Forms MC 163	X X X X X	
8. Dental care - number of statements.		
9. Other allowable types of care		
a. Physical therapy.	X X X X X	
b. Rehabilitative centers - No. of statements.		
c. Other	X X X X X	
10. Items added under expanded coverage (Type in item titles when instructed by SDSW)		
a. _____		
b. _____		
c. _____		
d. _____		
e. _____		
f. _____		
g. _____		
h. _____		
11. Diagnostic appraisals - number of cases		

Prepared by _____ Date _____

These Regulations are designated to become effective OCT 1 1960

CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULATION
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

California
Department of Social Welfare

Bureau of Statistical Research
722 Capitol Avenue, Sacramento

MEDICAL CARE SERVICES AND PAYMENTS

AID TO NEEDY BLIND
Monthly Statistical Report

County _____

Submit in duplicate by 12th of month following month of report. Month of _____ 19____

TYPES OF MEDICAL CARE	NUMBER OF UNITS OF SERVICE	
	(1)	AMOUNT (2)
TOTAL		\$
1. Physician's visits.		
2. Other practitioner's visits		
3. Visiting nurse - No. of visits.		
4. Special medical procedures.	X X X X X	
5. X-ray	X X X X X	
6. Laboratory.	X X X X X	
7. Drugs and medical supplies		
a. Prescriptions (count of forms MC 165).		
b. Injections and medical supplies billed on Forms MC 163	X X X X X	
8. Dental care - number of statements.		
9. Other allowable types of care		
A. Physical therapy.	X X X X X	
b. Rehabilitative centers - No. of statements.		
c. Other	X X X X X	

10. Diagnostic appraisals - number of cases . . . _____

Prepared by _____

Date _____

CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

State of California
Department of Social Welfare

Bureau of Statistical Reports
722 Capitol Avenue, Sacramento

MEDICAL CARE SERVICES AND PAYMENTS

AID TO POTENTIALLY SELF-SUPPORTING BLIND RESIDENTS
Monthly Statistical Report

Submit in duplicate by 12th of month following month of report. County _____
Month of _____ 19____

TYPES OF MEDICAL CARE	NUMBER OF UNITS OF SERVICE (1)	AMOUNT (2)
TOTAL		\$
1. Physician's visits.		
2. Other practitioner's visits		
3. Visiting nurse - No. of visits.		
4. Special medical procedures.	X X X X X	
5. X-ray	X X X X X	
6. Laboratory.	X X X X X	
7. Drugs and medical supplies		
a. Prescriptions (count of Forms MC 165)		
b. Injections and medical supplies billed on Forms MC 163	X X X X X	
8. Dental care - No. of statements		
9. Other allowable types of care		
a. Physical therapy.	X X X X X	
b. Rehabilitative centers - No. of statements.		
c. Other.....	X X X X X	

10. Diagnostic appraisals - No. of cases.

Prepared by _____

Date _____

CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

FINDING OF EMERGENCY

The following regulations and amendments to regulations are emergency measures for the immediate preservation of the public health, safety and general welfare within the meaning of the provisions of Section 11421(b) of Government Code:

- | | |
|---|---|
| 1. Department Bulletin No. 591 (MC) | Eye Care to OAS Recipients Added to Medical Care Fund Services |
| 2. Department Bulletin No. 592 (OAS) | Eye Care to OAS Recipients Excluded as Special Need |
| 3. Department Bulletin No. 591-A (MC) | Dental Care to OAS Recipients Added to Medical Care Fund Services |
| 4. Department Bulletin No. 592-A (OAS) | Dental Care to OAS Recipients Excluded as Special Need |
| 5. Amendments to Manual Sections B-211, B-212.10 and B-212.7 | |
| 6. Amendments to Manual Sections S-400, S-402, S-420 and S-440. | |

The following facts constitute the emergency:

1. Public Law No. 86-778, known as the 1960 Social Security Amendments becomes effective on October 1, 1960. This act among other things provides for the following:
 - a. Increases the amount of federal funds for providing recipients of Old Age Security with needed medical services.
 - b. Raises the amount of exempt earned income in the Aid to Needy Blind from \$50 per month to \$85 per month plus one-half of all income in excess of \$85.
2. The provisions of Section 2025 and Section 3084.3 of the Welfare and Institutions Code require that the additional benefits be made available to the recipients of Old Age Security and Aid to Needy Blind as of the effective date of the 1960 Social Security Amendments.
3. In order to make the 1960 amendments to the Social Security Act effective as of October 1, 1960, regulatory material must be in the hands of the counties at the earliest possible opportunity and in any event before October 1 in order to enable the counties to compute grants in accordance with the law as it now stands.
4. Increases in the provisions for medical services to recipients of Old Age Security and the increase in exempt earned income for recipients of Aid to Needy Blind affect the general welfare and the health, welfare and security of more than 275,000 recipients in particular.
5. The adoption of the above Department Bulletins and the amendments to the manual sections listed above on an emergency basis is necessary in order to enable the counties to process their records and thus to make available to the recipients the benefits provided for them under the law.

It is therefore necessary that the above listed Department Bulletins and amendments to the specified manual sections be adopted by the State Social Welfare Board as emergency measures, to go into effect upon the dates specified therein.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE NS
(Pursuant to Government Code Section 11380.1)

Department Bulletin No. 450 (ANC) and No. 450A (ANC) are repealed effective November 1, 1960.

DO NOT WRITE IN THIS SPACE

FACE SHEET
FOR FILING ADMINISTRATIVE REGULA
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

OCT 26 1960

Division of Administrative Procedure

ENDORSED

APPROVED FOR FILING
(GOV. CODE 11380.2)

OCT 26 1960

Division of Administrative Procedure

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

(Agency)

Dated: October 26, 1960

By:

J. M. W. Devey

Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

OCT 26 1960

At 3:50 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By:

Arthur L. Stutler
Assistant Secretary of State

DO NOT WRITE IN THIS SPACE

A-014.80 IDENTIFICATION CARD - OAS

A-014.80

Pursuant to W&IC Sec. 142 each aged person shall be provided with an Identification Card, Form Ag 280, or an equivalent substitute form, at the time aid begins. Thereafter new cards will be issued for each calendar year. (See Secs. A-025, Required Forms for which Substitute May be Used, and A-025.18, Identification Card.)

A-132.10 DETERMINATION OF VALUE OF REAL PROPERTY

A-132.10

The value of real property holdings is the total verified county assessed value of all real property owned less the total verified amount of encumbrance of record against all of such property. If real property holdings are not assessed and it is impossible to obtain an assessment, 25% of the market value is used.

Exception: When a life lease is evaluated as real property; pursuant to W&IC Sec. 2163.6, the value is determined in accord with whichever of the following is appropriate:

1. Life Lease Purchased By Assignment of Real Property

The value of the life lease is considered to be the county assessed value of the property assigned (at the time of assignment) less the value of any housing already received under the lease.

2. Life Lease Purchased for Cash or by Assignment of Other Personal Property

The value of the life lease is considered to be 25% of the purchase price of the lease after deducting from such purchase price the value of any housing already received under the lease.

The portion of a contract allocable to housing is defined as a life lease. (See Sec. A-135.10)

When the applicant or recipient and/or spouse is not the sole owner of real property only his or their proportionate share is included in the total value.

These Regulations are designated to become effective December 1, 1960.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

J. M. WEDEMEYER
Director

W42C 4555
EDMUND G. BROWN
Governor

State of California
DEPARTMENT OF SOCIAL WELFARE

722 Capitol Avenue
Sacramento 14

October 25, 1960

DEPARTMENT BULLETIN NO. 591-B (MC)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS
CALIFORNIA PHYSICIANS' SERVICE

Subject: Dental Care to OAS Recipients
Added to Medical Care Fund
Services Effective
November 1, 1960

The dental regulations approved by the State Social Welfare Board September 29, 1960, and incorporated in Bulletin No. 591-A (MC) provided for "standards" established by the Director of the Department of Social Welfare.

The standards established by the Director are:

EXCLUDED DENTAL SERVICES:

1. Purely cosmetic care
2. Bridge work (fixed or unilateral removable)
3. Cast gold partials
4. Gold inlays
5. Immediate dentures

FULL AND PARTIAL DENTURES:

The construction of a full denture will be an allowable service where failure to do so would impair the patient's health.

1. The construction of a full or partial denture shall not be authorized where there are sufficient anterior teeth and there are eight (8) posterior teeth, periodontally sound, in good occlusion and position.
2. In upper replacements an acrylic partial with clasps may be authorized. In lower replacements an acrylic partial or a chrome cobalt casting with acrylic attachments may be authorized.
3. A partial denture may be constructed when indicated to meet mechanical requirements of function of an opposing full artificial denture.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Construction of new dentures will not be authorized if:

1. The patient has successfully masticated without dentures for a period of one year or more.
2. The dental history shows that any or all dentures made in recent years have been unsatisfactory for reasons that are not remediable (psychological, etc.).
3. The repair or relining of the recipient's present denture will make it serviceable.
4. The denture, in the patient's opinion only, is loose or ill fitting, but it is recently enough constructed to indicate deficiencies inherent in all dentures.

SPECIAL NOTE:

1. Maximum single denture repairs allowable, without prior authorization, two (2) per year.
2. Payment for a denture adjustment will be made when indicated but not to the participating dentist constructing the denture.
3. Crowns will not be authorized except for abutment teeth when necessary for the successful construction of a partial denture.
4. Only one examination fee per year per recipient will be paid to a dentist. No payment will be made for the examination of a denture patient on a maintenance basis.

DO NOT WRITE IN THIS SPACE

DEPARTMENT BULLETIN NO. 591-B (MC)
Page 2

These Regulations are designated to become effective NOV 1 1960

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

J. M. WEDEMEYER
Director

WJDC 4555
EDMUND G. BROWN
Governor

State of California
DEPARTMENT OF SOCIAL WELFARE

722 Capitol Avenue
Sacramento 14

October 24, 1960

DEPARTMENT BULLETIN NO. 593 (MC)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS
COUNTY HEALTH OFFICERS
CALIFORNIA PHYSICIANS' SERVICE

Subject: Nursing Services to Include
Public Agency Nurses
Effective November 1, 1960

Because the supply of home nursing service is less than the demand and in view of the importance of such care for better recipient health and reduced hospital stays, regulations will be revised to expand such services by including nurses from public agencies, i.e., county health departments and others, effective November 1, 1960.

Payment for public agency nurse services will be limited to home nursing which is neither available through VNA nor the responsibility of a public health department, such as instructional or demonstration services. These are historically considered to be part of a public health program.

The same prior authorization regulation, now effective for VNA, will apply to public agency nurses.

A home nursing visit is defined as a visit in which a therapeutic nursing procedure is utilized or service is given for remedial purposes in the presence of an illness or disabling condition. The requirement that service must be on order of the attending physician is not modified.

Payment for the service will be at actual cost as determined by current cost analysis or \$4.50 whichever is less. This is an exception to the 75 percent Regulation MC-041.

The provisions of this bulletin supersede any sections or portion of sections of the Medical Care manual which are in conflict herewith. Appropriate manual sections will be amended as soon as possible to bring them into conformity.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

FINDING OF EMERGENCY

The following regulations and amendments to regulations are emergency measures for the immediate preservation of the public health, safety and general welfare within the meaning of the provisions of Section 11421(b) of Government Code:

1. Department Bulletin No. 593 (MC) Nursing Services to include Public Agency Nurses.
2. Department Bulletin No. 591-B (MC) Dental Care to OAS Recipients Added to Medical Care Fund Services

The following facts constitute the emergency:

1. Public Law No. 86-778, known as the 1960 Social Security Amendments became effective on October 1, 1960. This act among other things provides for the following:
 - a. Increases the amount of federal funds for providing recipients of Old Age Security with needed medical services.
2. In order to make the 1960 amendments to the Social Security Act effective, regulatory material must be in the hands of the counties at the earliest possible opportunity.
3. Increases in the provisions for medical services to recipients of Old Age Security affect the general welfare and the health, welfare and security of more than 275,000 recipients in particular.
4. The adoption of the Department Bulletins listed above on an emergency basis is necessary in order to enable the counties to process their records and thus to make available to the recipients the benefits provided for them under the law.

It is therefore necessary that the above listed Department Bulletins be adopted by the State Social Welfare Board as emergency measures, to go into effect upon the dates specified therein.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations

RECORDS, FORMS AND CONTROLS

A-024

A-024

REQUIRED FORMS

A-024

The following forms, completed in accord with instructions for their use, are required when the circumstances to which they relate exist:

- Ag 200 Application for Old Age Security (See Sec. A-011.11)
- Ag 200-B Application by Authorized Representative of Applicant
(See Sec. A-011.11)
- Ag 200-c Application for Old Age Security - Supplement for Noncitizens
(See Sec. A-122)
- Ag 225 Statement of Responsible Relative Under Old Age Security Law
(See Sec. A-153.3)
- ABD 235 Certification of State Department of Mental Hygiene of
Applicant's Release from State Hospital (See Sec. A-013)
- ABCD 215 Notification of Transfer (See Sec. A-114)
- DPA 1 Request for Federal OASI and Nonmedical Disability Information
(See Sec. A-213)
- DPA 6 State Department of Social Welfare Appeal as to Responsibility
for Support (See Sec. A-117.7)
- 10-611 Application for Search of Census Records
(See Handbook Sec. A-102,T)

DO NOT WRITE IN THIS SPACE

CALIFORNIA-SDSW-MANUAL-OAS

Rev. 912 replaces Rev. 871

Effective 12/1/6

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

A-025 RECORDS, FORMS AND CONTROLS Regulations

A-025 REQUIRED FORMS FOR WHICH SUBSTITUTE MAY BE USED

A-025

The following forms are required to be completed for the purposes indicated in the instructions for their use, except that the county may use a substitute form which provides substantially the same information.

Ag 158	Budget Worksheet - OAS (See Secs. A-201 and A-025.06)
Ag 158 PMI	OAS Budget Worksheet - PMI (See Sec. A-225)
Ag 206	Recipient's Affirmation of Eligibility for Old Age Security (See Secs. A-015.20 and A-015.30)
Ag 239	Notice of Action - Old Age Security (See Sec. A-014.70)
ABCD 239	Notice of Action - (See Sec. A-014.70)
Ag 239C	Important Notice to All OAS Recipients (See Sec. A-014.70)
Ag 246 and Ag 246A	Notification of County Finding of Liability of Responsible Relative (See Sec. A-153.3)
AG 280*	Identification Card (See Sec. A-014.80)
ABD 228	Authorization for Financial Investigation (See Sec. A-012.40)
ABD 231	Certificate of Delivery of Payment of Aid (See Sec. A-141.50)
ABD 236A	Certification of Patient Status in a Public Medical Institution (See Sec. A-141.40)
	and/or
ABD 236B	Certification of Patient Status in a Public Medical Institution (See Sec. A-141.40)
ABD 278L*	List of Authorizations to Start, Change, Stop or Deny Aid Payments (See Sec. A-221)
ABD 278M*	Authorization to Start, Change or Stop Aid Payments (Action Card)
DPA 5	Summary of Letters of Guardianship or Conservatorship (See Sections A-011.12 and A-011.13)
DPA 8	Notice to Applicant Who Withdraws Application (See Sec. A-014.70)

* Use of substitute Forms ABD 278L, ABD 278M and Ag 280 requires prior SDSW approval.

CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

A-141.20 ELIGIBILITY IN A PUBLIC MEDICAL INSTITUTION

A-141.20

An otherwise eligible person is eligible to receive aid while he is a patient in a public medical institution if:

- a. He is not involuntarily detained by legal process other than a quarantine requirement; and
- b. His patient status is not the result of a diagnosis of TB or psychosis.

As used herein the term "psychosis" is defined broadly to include both of the following:

1. Mental disorders due to functional or nonorganic derangement characterized by personality disintegration and inability to correctly understand or relate to external reality.

and

2. Mental disorders with psychotic reactions associated with demonstrable physical causes or structural damage in the brain.

(See Secs. A-206.7, Special Need for Care in a Public Medical Institution and A-225, Vendor Payments to Public Medical Institutions)

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective December 1, 1960

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations

DETERMINATION OF INCOME

A-212.9

A-212.9 INCOME VALUE OF HOMES OWNED AND OCCUPIED

A-212.9

The income value resulting from occupancy of a home which the recipient owns or in which he holds life estate is determined in accordance with the assessed value of the property. The occupancy value to the recipient is based on the full assessed value whether or not he shares occupancy and ownership with others.

Gross Income from Occupancy Value is determined in accord with the following scale: (If the home is not assessed as either real or personal property, 25% of the market value is used in lieu of the county assessed value - See Sec. A-132.10).

<u>Assessed Value</u>	<u>Occupancy Value</u>
\$500 or less	\$3
\$501 to \$1000	\$4
\$1001 to \$1500	\$5
\$1501 to \$2000	\$6
\$2001 to \$2500	\$7
\$2501 to \$3000	\$8
\$3001 and up	\$9

Net Income from Occupancy Value is determined by deducting from gross occupancy value the recipient's share of the following payments when such payments are required:

1. Principal and interest payments on an encumbrance on the home provided such payments represent an allowable need within the limitations specified in Sec. A-204.05 and A-207, et seq.
2. Monthly land rental or similar required payments for the dwelling (house, cabin, trailer, boat, etc.) which is located on property belonging to another person.

When the property owned and occupied by the recipient contains more than one dwelling unit, the value of occupancy is based on the proportion of the assessed value which the unit the recipient occupies bears to the total dwelling space.

The value of occupancy of farm or ranch homes is based on the assessed value of the dwelling and one acre of land.

(Continued)

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

A-212.9 (Continued)

A-212.9

(Housing is evaluated in the same manner as free rent (See A-212.40) when:

1. The recipient is living in a home which is the separate property of a spouse who meets the cost of home ownership, such as taxes, upkeep, etc., or
2. The recipient is living in a home or institution where housing is provided under a life lease at no current cost to the recipient (see W&IC Sec. 2163.3 and Regulation Sec. A-132.10).)

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective December 1, 1960.

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations

RECORDS, FORMS AND CONTROLS

B-024

B-024 REQUIRED FORMS - ANB-APSB

B-024

The following forms, completed in accord with instructions for their use are required when the circumstances to which they relate exist:

BL 200	Application for Aid to the Blind (see Sec. B-011.11)
BL 225	Statement of Responsible Relative Under Aid to the Blind Laws (see Sec. B-153.3)
BL 227	Physician's Report of Eye Examination (see Sec. B-192.01)
BL 227A	Optometrist's Report of Eye Examination (see Sec. B-192.01)
ABCD 215	Notification of Transfer (see Handbook Sec. B-024.56)
ABD 235	Certification from State Department of Mental Hygiene of Applicant's Release from State Hospital (see Sec. B-013)
DPA 1	Request for Federal OASI and Nonmedical Disability Information (see Sec. B-213)
DPA 6	State Department of Social Welfare Appeal as to Responsibility for Support (see Sec. B-017)

DO NOT WRITE IN THIS SPACE

CALIFORNIA-SDSW-MANUAL-AB

Rev. 1084 replaces Rev. 1030

Effective 12/1/60

CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

B-025

RECORDS, FORMS AND CONTROLS

Regulations

B-025

REQUIRED FORMS FOR WHICH SUBSTITUTE MAY BE USED - ANB-APSB

B-025

The following forms are required to be completed for the purposes indicated in the instructions for their use, except that the county may use a substitute form which provides substantially the same information.

Bl 158	Budget Work Sheet - Aid to the Blind (see Secs. B-201 and Handbook B-025.06)
Bl 158 PMI	Budget Work Sheet - Aid to Needy Blind - Public Medical Institution (See Sec. B-225)
Bl 206	Recipient's Affirmation of Eligibility for Aid to the Blind (see Secs. B-015.20 and B-015.30)
ABD 221	Affidavit regarding Residence of Applicant (See Sec. B-113.5)
ABD 228	Authorization for Financial Investigation (See Sec. B-012.40)
ABD 231	Certificate of Delivery of Payment of Aid (See Sec. B-141.50)
ABD 236A	Certification of Patient Status in a Public Medical Institution (See Sec. B-141.40)
	and/or
ABD 236B	Certification of Patient Status in a Public Medical Institution (See Sec. B-141.40)
Bl 239	Notice of Action - Aid to the Blind (See Sec. B-014.70)
ABCD 239	Notice of Action (see Sec. B-014.70)
Bl 239C	Important Notice to All Recipients of Aid to the Blind (See Sec. B-014.70)
Bl 246 and Bl 246A	Notification of County Finding of Liability of Responsible Relative (See Sec. B-153.3)
ABD 278L*	List of Authorizations to Start, Change, Stop, or Deny Aid Payments (see Sec. B-221)
ABD 278M*	Authorization to Start, Change or Stop Aid Payments (Action Card)
Bl 280*	Identification Card (See Sec. B-014.80)
Bl 281	Work Capacity and Employment Opportunities (See Sec. B-313)
DPA 5	Summary of Letters of Guardianship or Conservatorship (See Secs. B-011.12, B-011.13, and B-011.14)
DPA 8	Notice to Applicant Who Withdraws Application (See Sec. B-014.70)

*Use of substitute Forms ABD 278L, ABD 278M and Bl 280 requires prior SDSW approval.

CALIFORNIA-SDSW-MANUAL-AB

Rev. 1085 replaces Rev. 1031

Effective 12/1/60

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
**FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

B-014.80 IDENTIFICATION CARD - ANB - APSB

B-014.80

Pursuant to W&IC Sec. 142 each blind person shall be provided with an identification card (Form BL 280), or an equivalent substitute form, at the time aid begins. Thereafter new cards will be issued for each calendar year. (See Secs. B-025, Required Forms for Which Substitute May Be Used, and B-025.18, Identification Card.)

B-132.10 DETERMINATION OF VALUE OF REAL PROPERTY - ANB-APSB

B-132.10

The value of real property holdings is the total county assessed value of all real property owned less the total amount of encumbrance against all of such property. If real property holdings are not assessed and it is impossible to obtain an assessment, 25% of the market value is used.

If the applicant or recipient and/or spouse is not the sole owner of real property only his or their proportionate share is included in the total value. (See Sec. B-212.9)

B-141.20 ELIGIBILITY IN A PUBLIC MEDICAL INSTITUTION - ANB

B-141.20

An otherwise eligible person is eligible to receive aid while he is a patient in a public medical institution if:

- a. He is not involuntarily detained by legal process other than a quarantine requirement; and
- b. His patient status is not the result of a diagnosis of TB or psychosis.

As used herein the term "psychosis" is defined broadly to include both of the following:

1. Mental disorders due to functional or non organic derangement characterized by personality disintegration and inability to correctly understand or relate to external reality.
- and
2. Mental disorders with psychotic reactions associated with demonstrable physical causes or structural damage in the brain.

(See Secs. B-206.7, Special Need for Care in a Public Medical Institution and B-225, Vendor Payments to Public Medical Institutions.)

These Regulations are designated to become effective December 1, 1960.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
**FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

Regulations

DETERMINATION OF INCOME

B-212.9

B-212.9 INCOME VALUE OF HOMES OWNED AND OCCUPIED - ANB-APSB**B-212.9**

The income value resulting from occupancy of a home which the recipient owns or in which he holds life estate is determined in accordance with the assessed value of the property. The occupancy value to the recipient is based on the full assessed value whether or not he shares occupancy and ownership with others. (See Sec. B-212.40 for evaluation of free rent when a recipient is living in a home which is the separate property of a spouse who is bearing the cost of upkeep, taxes, etc.)

Gross Income from Occupancy Value is determined in accord with the following scale: (If the home is not assessed as either real or personal property, 25% of the market value is used in lieu of the county assessed value - See Sec. B-132.10.)

Assessed Value	Occupancy Value
\$500 or less	\$3
\$501 to \$1000	\$4
\$1001 to \$1500	\$5
\$1501 to \$2000	\$6
\$2001 to \$2500	\$7
\$2501 to \$3000	\$8
\$3001 and Up	\$9

Net Income from Occupancy Value is determined by deducting from gross occupancy value the recipient's share of the following payments when such payments are required:

1. Principal and interest payments on an encumbrance on the home provided such payments represent an allowable need within the limitations specified in Secs. B-204.05 and B-207, et seq.
2. Monthly land rental or similar required payments for the dwelling (house, cabin, trailer, boat, etc.) which is located on property belonging to another person.

If the property owned and occupied by the recipient contains more than one dwelling unit, the value of occupancy is based on the proportion of the assessed value which the unit the recipient occupies bears to the total dwelling space.

The value of occupancy of farm or ranch homes is based on the assessed value of the dwelling and one acre of land.

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

C-132.10 DETERMINATION OF VALUE OF REAL PROPERTY

C-132.10

The value of real property holdings is the total verified county assessed value of real property (subject to inclusions and exclusions in Secs. C-132.30 and C-132.50) owned by the child and/or his parents (even though the parents are living apart), less the total verified amount of encumbrance of record against all of such property. If real property holdings are not assessed and it is impossible to obtain an assessment, 25% of the market value is used.

When the child and/or his parents are not the sole owners of real property, only his or their proportionate share is included in the total value.

C-205 SPECIAL NEED FOR MEDICAL CARE

C-205

Medical care considered in determining need includes the services of doctors, dentists, optometrists, nurses; clinic care; drugs and medical supplies; surgical and prosthetic appliances and X-ray and laboratory services, as required for diagnosis, care and treatment.

The cost of such care, up to the fee schedule amounts for the medical care program where such have been established, or in the actual amount where no fee has been set, is to be allowed unless the care needed is available through the medical care fund or through a public facility without cost.

The cost of an item of medical care of a type and for a person covered by the fund will be paid from the medical care fund when:

1. There is an aid payment made for the month care is given.
2. Aid is withheld or suspended because of a question concerning the amount of the grant (see Secs. C-226.10 and C-226.12).
3. Authorization of aid is decreased to zero to adjust for overpayment as provided in Sec. C-227.10.
4. An item of medical care included in the fund, or a portion of the cost of such care, is not met by a prepaid medical care plan to which the person belongs. In such cases the amount paid from the fund, when added to the amount available from the prepaid plan, shall not exceed the fee specified for the particular item of care in the schedule of maximum allowances (see Sec. MC-040). Persons covered by the fund, and also covered by prepaid medical care plans, must avail themselves of such resource even though the premiums may not be included as a special need.

Exception:

When eligibility exists only because of need for medical care of a type and for a person covered by the fund, i.e., the recipient's income is sufficient to cover all other needs, the cost of such care is allowed as a special need rather than paid from the fund.

(See Appendix Medical Care for coverage of Medical Care Fund.)

These Regulations are designated to become effective December 1, 1960.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULA
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations

RECORDS, FORMS AND CONTROLS

D-024

D-024

REQUIRED FORMS

D-024

The following forms, completed in accord with instructions for their use, are required when the circumstances to which they relate exist:

DA 1	Medical Report
DA 2	Social Information Report
DA 3	Certificate of Disability
DA 200	Application for Aid to the Needy Disabled (See Sec. D-011.11)
DA 200-c	Application for Aid to the Needy Disabled - Supplement for Noncitizens (See Sec. D-122)
ABD 235	Certification of State Department of Mental Hygiene of Applicant's Release from State Hospital (See Sec. D-013)
ABCD 215	Notification of Transfer (See Sec. D-016.30)
DPA 1	Request for Federal OASI and Nonmedical Disability Information (See Sec. D-213)
10-611	Application for Search of Federal Census Records (See Handbook Sec. D-102,K)

DO NOT WRITE IN THIS SPACE

CALIFORNIA-SDSW-MANUAL-ATD

Rev. 420 replaces Rev. 367

Effective 12/1/60

CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

D-025

RECORDS, FORMS AND CONTROLS

Regulations

D-025

REQUIRED FORMS FOR WHICH SUBSTITUTE MAY BE USED

D-025

The following forms are required to be completed for the purposes indicated in the instructions for their use, except that the county may use a substitute form which provides substantially the same information.

DA 4	Transmittal of ATD Reports
DA 158	Aid to the Needy Disabled - Budget Work Sheet (See Sec. D-201)
	If a substitute is used by the county for the DA 158, the county is required to submit to SDSW one copy of SDSW Form DA 158 on all approved ATD applications.
DA 158 PMI	Budget Work Sheet - ATD - Public Medical Institution
DA 206	Recipient's Affirmation of Eligibility for Aid to the Needy Disabled (See Secs. D-015.20 and D-015.30)
DA 239	Notice of Action - Aid to the Needy Disabled (See Sec. D-014.70)
DA 239 C	Important Notice to all Recipients of Aid to the Needy Disabled
ABCD 239	Notice of Action
ABD 228	Authorization for Financial Investigation (See Sec. D-012.40)
ABD 231	Certificate of Delivery of Payment of Aid (See Sec. D-141.50)
ABD 236A	Certification of Patient Status in a Public Medical Institution (See Sec. D-141.40)
	and/or
ABD 236B	Certification of Patient status in a Public Medical Institution (See Sec. D-141.40)
ABD 278L*	List of Authorizations to Start, Change, Stop or Deny Aid Payments. (See Sec. D-221)
ABD 278M*	Authorization to Start, Change or Stop Aid Payments (Action Card)
DA 280*	Identification Card (See Sec. D-014.80)
DPA 5	Summary Letters of Guardianship or Conservatorship (See Sec. D-011.12, etc.)
DPA 8	Notice to Applicant who Withdraws Application (See Sec. D-014.70)

* Use of substitute Forms ABD 278L, ABD 278M and DA 280 requires prior SDSW approval.

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

D-014.80 IDENTIFICATION CARD - ATD

D-014.80

Pursuant to W&IC Sec. 142, each recipient of ATD shall be provided with an Identification Card, Form DA 280, or an equivalent substitute form, at the time aid begins. Thereafter new cards will be issued for each calendar year. (See Secs. D-024, Required Forms and D-025, Required Forms, for Which Substitute May be Used.)

D-132.10 DETERMINATION OF VALUE OF REAL PROPERTY

D-132.10

The value of real property holdings is the total verified county assessed value of all real property owned less the total verified amount of encumbrance of record against all of such property. If real property holdings are not assessed and it is impossible to obtain an assessment, 25% of the market value is used.

When the applicant or recipient and/or spouse is not the sole owner of real property only his or their proportionate share is included in the total value.

D-140.10 DEFINITIONS

D-140.10

An Institution is a public or private facility which provides shelter and care, treatment of physical or mental illness, custody (nonmedical) or restraint (penal or correctional). They may be hospitals, nursing homes, board and care homes, prisons or other correctional facilities.

A Public Institution is one which is managed wholly or partially by a unit of federal, state or local government or is maintained from public funds.

A Public Medical Institution is a) any county, city or district hospital, or unit thereof, which is licensed under H&SC 1422 and designated by the California Department of Public Health for the exclusive care of medical and chronic patients; i.e., no tuberculous patients; b) a medical unit of the Veteran's Home of California; c) a medical unit of a federal institution; or d) University of California Hospitals.

A Private Institution is a commercial, nonprofit, fraternal or benevolent facility managed and controlled by an individual, association or corporation.

A patient is one who is receiving planned, continuing medical treatment, including physician services and nursing care, directed toward improvement in health; or is receiving medical treatment for an illness for which medical measures are required though improvement in health or recovery cannot be expected.

D-140.20 ELIGIBILITY IN PUBLIC OR PRIVATE INSTITUTIONS

D-140.20

If otherwise eligible, a person may receive aid while a patient in a public or private institution with the following exceptions:

Exceptions:

1. A patient in an institution (public or private) for tuberculosis or mental illness;
2. A patient in a medical institution (public or private) as a result of a diagnosis of tuberculosis or psychosis; (See Sec. D-141.20)
3. An inmate of a public custodial (nonmedical), penal, or correctional institution. (If such institution were private, eligibility could be established.)

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

D-141.20 ELIGIBILITY IN A PUBLIC MEDICAL INSTITUTION

D-141.20

An otherwise eligible person is eligible to receive aid while he is a patient in a public medical institution if:

- a. He is not involuntarily detained by legal process other than a quarantine requirement; and
- b. His patient status is not the result of a diagnosis of TB or psychosis.

As used herein the term "psychosis" is defined broadly to include both of the following:

1. Mental disorders due to functional or non organic derangement characterized by personality disintegration and inability to correctly understand or relate to external reality.

and

2. Mental disorders with psychotic reactions associated with demonstrable physical causes or structural damage in the brain.

Patients in public medical institutions beyond a temporary period receive aid in accord with Sec. D-225, Vendor Payments to Public Medical Institutions. (Also see Sec. D-201.05, Determination of Need - Persons in Institutions.)

D-204.47 MAXIMUM ALLOWANCES FOR ATTENDANT SERVICES

D-204.47

(See Sec. D-212.40 for regulations governing income.)

ATD recipients may be allowed up to a maximum of \$150 per month for attendant care.

In exceptional cases and under specified circumstances (See Handbook Section D-204.47), a total allowance for attendant care of as much as \$300 per month may be approved. Allowance in excess of \$150 per month may be made only upon prior authorization of the SDSW.

The cost of attendant care includes expenses incidental to employment such as carfare, lunches, Social Security, taxes, etc.

Allowances for attendant care shall be in accordance with the rate prevailing in the local community. The rate may be less in individual situations.

These Regulations are designated to become effective December 1, 1960.

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATION
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations

DETERMINATION OF NEED

D-204.45

D-204.45 CATEGORIES OF PERSONS NEEDING ATTENDANT SERVICES AND PRIORITIES

D-204.45

In evaluating the need of ATD recipients for attendant services, the following factors shall be considered:

1. Whether residence in the home will help to maintain integrity of the family unit.
2. Whether residence in the home is physically and psychosocially preferable to institutionalization.
3. Whether human dignity and decency can be enhanced through attendant service.
4. Whether persons with a short life expectancy can be afforded the comfort of family life.

ATD recipients needing attendant services generally fall within one or more of the following categories. See Handbook Sec. D-204.45 for currently eligible categories. The SDSW shall increase or decrease the categories in accordance with the availability of funds to pay for attendant services.

Category A - Bedfast or helpless persons for whom institutional care is not indicated because of family ties or other personal consideration and whose relatives can provide needed care if they have some assistance from an attendant.

Category B - Recipients whose care results in neglect of children, family strain or an excessive burden upon the major caretaker due to the latter's responsibility for other disabled persons, small children, employment outside the home, or other substantial duties.

Category C - Recipients dependent for care upon an aged, ill or unrelated person; or who are themselves responsible for the care of an aged or disabled person.

Category D - Recipients living alone and dependent upon relatives, neighbors, friends and/or tradespeople for essential services, or who are performing them themselves to the detriment of their health, or performing them in a substandard manner.

Category E - Mentally retarded and other recipients who require constant supervision and whose major caretaker needs relief from outside the family because of lack of other relatives willing and able to share the responsibility.

Category F - Recipients whose caretaker could secure employment and whose normal role is that of breadwinner.

Category G - Recipients eligible for OAS or ANB regardless of whether or not they fall within any of the above categories.

CALIFORNIA-SDSW-MANUAL-ATD

Rev. 446 replaces Issue 20-19

Effective 12/1/60

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATION
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulation Section D-140.30 is changed to D-141.45, effective December 1, 1960.

Regulation Sections S-452 and S-454 are repealed effective December 1, 1960:

The following Department Bulletins are repealed effective December 1, 1960:

- 589 (Stat) Survey of Recipients of Aid to Needy Blind, June 1960
- 590 (Stat) Study of Social Characteristics, Incomes, and Requirements of Recipients of OAS

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
**FILING ADMINISTRATIVE REGULATION
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

MC-031.5

SCOPE AND LIMITATIONS

Regulations

MC- 031.5 ATD FUNCTIONAL IMPROVEMENT PROGRAM -- SERVICES AND ITEMS
 AVAILABLE

MC-031.6

The purpose of the ATD functional improvement program is to provide a range of remedial services, including medical, psycho-social and other services, needed to assist recipients to achieve the best possible adjustment and maximum functional improvement within the limits of their disabilities. The goal shall be to build upon and supplement existing community services and not to subvent or supplant such services.

The following services and items considered essential to a plan for functional improvement (including evaluation and/or treatment) may be authorized for payment from the Medical Care Revolving Fund:

1. Physician home or office visits, as indicated (including necessary X-ray and laboratory services), to evaluate functional improvement needs and to provide treatment and continuing direction of physical restoration and self-care services.
2. Nursing services, if the recipient lives outside a geographical area which is being served by visiting nurse services and if the public health department is unable to provide nursing services.
3. Physical and occupational therapy services under medical supervision for functional evaluation and/or treatment.
4. Appliances and assistive devices (excluding dentures, hearing aids and glasses), if not available from other sources in the community.
5. Household rehabilitation equipment, including bathroom rails, parallel bars, modified chairs and toilet seats, pulleys, overbed trapeze bars, bedboards, devices to aid dressing and eating, etc. (See ATD Manual Sec. D-202.20 for items allowable within the grant.)

Expenditures are not authorized from the Medical Care Revolving Fund for any of the above services rendered by a public medical facility except for those facilities approved by SDSW as rehabilitation centers.

Expenditures from the Medical Care Revolving Fund for evaluation services in approved rehabilitation centers may be authorized even though this may require the recipient to be an in-patient during the time the evaluation is being rendered (See Sec. MC-041). In-patient evaluation services do not include the cost of board, room, and personal expenses incidental to hospital care.

CALIFORNIA-SDSW-MANUAL-MC

Rev. 263 replaces Rev. 236

Effective 7/1/60

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

F-1000 MEDICAL CARE FUNDS

F-1000

A. ADVANCES

SDSW will compute the amount to be advanced to counties each month. Amounts to be advanced for OAS, ANB, ANC, APSB and BHI will be estimated on the basis of past expenditure data. Amounts to be advanced for ATD will represent encumbrances for medical care authorized during the immediate prior month. A statement of cash advances for each program is forwarded to each county in advance of each month. All adjustments between the estimated and actual funds needed for ATD will be shown on the statement of advances for the first month of the second subsequent quarter.

Premium Deposit Funds will be forwarded monthly to the counties by the State Controller. Since this is a pooled fund no designation will be made as to amount of state and federal funds included in the advance and will be considered as state funds for accounting purposes.

B. ACCOUNTABILITY

The basic principles of accountability as specified in Fiscal Manual Section F-200 are applicable to the Medical Care Revolving Fund.

The county shall maintain a Medical Care Revolving Fund into which the premium deposit advances shall be deposited. Deposit will also be made into the Medical Care Revolving Fund of the state and county shares of public assistance funds determined on the basis of the average special need factor.

Subsidiary accounts showing breakdown to aid programs are not required. However, expenditures must be identified in the records by program (OAS, ANB, ANC, ATD, APSB, ANC-BHI) in support of amounts claimed by program.

Payments to vendors for Medical Care services in behalf of OAS, ANB, APSB, ANC, BHI and ATD recipients shall be disbursed from the Medical Care Revolving Fund. Such Medical Care disbursements will only be for services as specified in the Medical Care Manual.

Should the county enter into contracts for disbursement of Medical Care Funds, disbursements from the Medical Care Revolving Fund will include disbursements made directly to vendors for services not covered by the contract and payments to the contracting agency excluding payments for administrative expense.

Counties with medical care disbursement contracts wishing to advance Medical Care Revolving Funds to the contracting agency shall provide accounting records necessary to reflect the advances, actual disbursements and adjustment of the differences. When claiming or reporting medical care expenditures the amount of actual expenditures will be reported and claimed.

To enable verification that accountability is properly discharged, the SDSW will, upon request, furnish a transcript to the county of state accounts showing all transactions for the period of specified.

(Continued)

CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULA JS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

F-1015

MEDICAL CARE

Fiscal

F-1015 AUDIT OF BILLS FOR SERVICES COVERED BY THE MEDICAL CARE TRUST
 FUND PROGRAM

F-1015

A. GENERAL

Services covered by the Medical Care Trust Fund Program include all services under the scope and limitations as set forth in Medical Care Manual Secs. MC-031.1 through MC-031.6. All bills for these services shall be audited to determine:

1. That patient was eligible to aid for the month of service. (Or was included in the family budget unit of an ANC case.)
2. That billing is complete and mathematically accurate. Recipient's signature is not required under several circumstances as set forth in Medical Care Manual Section MC-051. Minor or immaterial missions may be completed by county; e.g., grand total omitted when all individual items are properly charged.
3. That payment for the specific service covered by billing has not been previously made or scheduled.
4. That authorization, if necessary, was obtained.
5. That treatment for which charge is made is in accordance with authorization. (If authorization required.)
6. That procedures performed or materials dispensed are within the scope and limitations of the program as set forth in Medical Care Manual Sections MC-031.1; MC-031.2; MC-040; MC-041 and MC-046.
7. That charges for procedures or materials are within the maximum amounts allowable as provided in SDSW Schedule of Maximum Allowances. Prescriptions must be audited to both wholesale price and fee schedules.
8. That procedures and treatment are reasonable and proper in relation to patient's medical condition, accepted community practices and the intent and content of the Medical Care Trust Fund Program. That treatment codes designated are correct.
9. That total amounts of approved bills are in agreement with total amounts disbursed to vendors or contracting agent on consolidated basis.
10. That total amounts claimed on Certification Form MC-800 represent a true total of the sum of individual bills authorized to be paid during the month of claim.

(Continued)

CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULATION
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Fiscal	MEDICAL CARE	F-1015
F-1015 (Continued)		F-1015

11. Medical Care Manual Section MC-031.1 provides that practitioners who do not comply with the rules and procedures contained in the Medical Care Manual shall not use prescription blanks furnished by the SDSW. The auditor who reviews prescriptions in volume for approval for payment is involved with a portion, but not all of the process of enforcement of this rule.

In total, enforcement includes identification, negotiation and claim rejection. The detail payment audit process should be involved only in the latter.

- a. Identification. The county shall employ reasonable methods to identify instances of noncompliance. This may be by spot check of prescriptions to practitioner statements, check of list of known non-participating practitioners to prescriptions, or any other reasonable device that will be effective.
- b. Negotiation. When it is determined that a nonparticipating doctor issues prescriptions the doctor should be contacted and urged to either submit an otherwise complete "No Charge" statement supporting each prescription or desist from issuing prescriptions on the state form. If he does not agree or persists notwithstanding promises to the contrary, notice should be given to the druggist or druggists who appear to fill a substantial proportion of that doctor's prescriptions that prescriptions from that doctor cannot be paid from the Medical Care Revolving Fund.
- c. Claim Rejection. Prescriptions from such doctors submitted by druggists subsequent to receipt of such notice shall be rejected.

Items "a" and "b" should be the responsibility of personnel other than the prescription auditor, since the former would delay payment of bills and the latter is not within his function. It is the duty of the prescription auditor to perform the audit indicated by Item "c."

B. CPS CONTRACT COUNTIES

All audits listed above are performed by CPS on all bills from vendors included in contract except Items 10 and 11, and Item 1 for counties who do not furnish eligibility status lists to CPS. It shall be the responsibility of the county to perform required audits not done by CPS. Item 9 is covered by CPS procedures but duplication of the audit by counties is optional. Counties should not duplicate other audits performed by CPS except that spot check audits may be made to assure county auditor that he may rely on efficiency of contractor's audit.

(Continued)

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULATION IS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

S-105

PUBLIC ASSISTANCE

Statistical

S-105

REPORT MONTH

S-105

Unless otherwise specified, monthly statistical reporting shall be for the calendar month.

For all statistical reports of the 237 series counties may use a work month, other than a calendar month, subject to the following requirements:

1. The work month shall coincide with the cut-off date for the main payroll.
2. There shall be no more than five working days between the cut-off date and first calendar day of the following calendar month.
3. All items of each report form shall be reported on the same report-month basis.
4. Counties wishing to report by the work month must obtain prior approval from the Bureau of Statistical Reports of the State Department of Social Welfare. If a county determines its cut-off date on some other basis than specified above, but is in substantial conformity therewith, its plan will be considered. The request for approval must show the county's plan for complying with the above requirements.

Once reporting has started on a work month basis, counties shall obtain approval from the State Department of Social Welfare if (a) they wish to change the period covered by their work month, or (b) they wish to return to calendar month reporting.

Whatever report period is selected by a county for the 237 series of reports also shall be used for the following reports:

1. All reports on Reasons for Need (254 series).
2. All reports on Reasons for Discontinuance (253 series).
3. The report on time lapse in application processing (Form DPA 46).
4. The report on ATD Attendant Care (Form DA 285).

The option of the work month, if selected for the 237 series, may also be applied to the following reports:

1. The report on Reinvestigations (Form DPA 10).
2. All reports on Medical Care (260 series).

(W&IC 115, 116)

DO NOT WRITE IN THIS SPACE

CALIFORNIA-SDSW-MANUAL-STAT

Rev. 302 replaces Rev. 187

Effective 12/1/60

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Statistical

PUBLIC ASSISTANCE

S-110

S-110

TRANSMITTAL OF MONTHLY STATISTICAL REPORTS ON PUBLIC ASSISTANCE

S-110

All counties shall send copies of the following reports each month to the Bureau of Statistical Reports, SDSW, 722 Capitol Avenue, Sacramento, by the specified due date.

Due not later than the 12th of the month following the month covered by the report:

Two copies each of the Monthly Statistical Reports on OAS, ANB, APSB, ANC, ATD and GR (Forms AG 237, BL 237, APSB 237, CA 237-FG, CA 237-BHI, DA 237, GR 237 and DA 285).

If there is a substantial time lapse between the time when the application and case movement data and the expenditure data are available, the application and case movement data should be sent in as soon as available, and the expenditure data as soon as possible thereafter. However, the complete report is due in Sacramento not later than the 12th of the month.

Due not later than the 18th of the month following the month covered by the report:

Two copies each of the Monthly Statistical Reports on Public Assistance Reinvestigations and Application Disposals, Forms DPA-10 and DPA 46, and Monthly Statistical Reports on Reasons for Discontinuance, OAS, ATD, and Forms AG 253, DA 253 and CA 253-FG; and Reasons for Need, Forms ABD 254, CA 254 and GR 254.

Counties should retain file copies of all monthly statistical reports for at least one complete fiscal year in addition to the current fiscal year.

(W&IC 115, 116)

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

S-120

PUBLIC ASSISTANCE

Statistical

S-120 INTRODUCTION - MONTHLY STATISTICAL REPORTS ON FORMS
AG 237, BL 237, APSB 237, AND DA 237

S-120

Content of Reports

Data on these reports are limited to individuals who are receiving, or who make applications or requests (including restoration) to receive aid from OAS, ANB, APSB or ATD funds.

Each report is divided into three parts as follows:

A - INTAKE

Column A. REQUESTS FOR AID - Include all requests for aid except requests for restoration of aid and requests for intercounty transfers.

Column B. APPLICATIONS

Column C. WRITTEN REQUESTS FOR RESTORATION

B - CASES

C - NET EXPENDITURES

When to Report Actions:

Statistical counts listed below, except automatic restorations, are to be reported according to the month in which the board of supervisors takes the official action, not the month in which the action affects the payroll, unless these months are the same:

1. New applications and reapplications granted or denied
2. Requests for restoration (except automatic restorations) granted or denied
3. Discontinuances.

Report automatic restorations when payment of aid is resumed (for definition see Manual of Policies and Procedures - OAS and AB.)

Discontinuances are to be reported when the board of supervisors takes action whether or not aid was paid for the current month and whether the discontinuance was effective at the end of the current month or of a prior month. Exception: If discontinuance action is taken in the current month to be effective at the end of a future month, report such discontinuance in the month in which the last warrant is paid.

Note: Intercounty transfers, transfers between ANB and APSB and automatic restorations are to be reported only in Part B.

(Continued)

CALIFORNIA-SDSW-MANUAL-STAT

Rev. 188 replaces Rev. 123

Effective 10/1/59

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULATION
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Statistical PUBLIC ASSISTANCE S-122

S-120 (Continued) S-120

Board of Supervisors

The term "board of supervisors" shall be construed to include the duly authorized agent of the board of supervisors.

Definition of "Current Month" and "Last Month"

The month on which the county is reporting statistically, whether a calendar month or a work month, will be referred to as the "current month." The month immediately prior to the "current month" will be referred to as "last month." (See Sec. S-105.)

(W&IC 115, 116)

S-122 PART A - INTAKE - FORMS AG 237, BL 237, APSB 237, DA 237 S-122

This part provides data on requests and applications for public assistance, and their disposition.

Column A. Requests for Aid - In this column report on all requests for OAS, ANB, APSB, or ATD except requests for restoration and requests for transfer from another county, whether made orally (in person or by telephone) or in writing, if it is clear that the request is for the program covered by the report, even though the individual may not know the title of the program. Requests for information only are not to be reported as requests for aid. Count only one request if two or more requests are made during the month by the same individual.

If the request is made and the application signed during the first contact with the individual, or during the same month, it shall be reported in Column A, as a request, as well as in Column B, as an application received.

(Note that Column A excludes requests for restoration of aid and requests for transfer of aid from another county.)

Column B. Applications - This column is designed to report the movement of applications and reapplications.

An application erroneously denied in a prior month shall be included in the current month count as an adjustment in Item 1 and as an application granted under Item 4b. An explanation of the reason for the adjustment in Item 1 shall be shown in a footnote.

Column C. Written Requests for Restoration - This column is designed to report the movement of written requests for restoration. Exclude automatic restorations.

A written request for restoration erroneously denied in a prior month shall be included in the current month count as an adjustment in Item 1 and as a written request for restoration granted under Item 4b. An explanation of the reason for the adjustment in Item 1 shall be shown in a footnote.

(Continued)

CALIFORNIA-SDSW-MANUAL- STAT Rev. 304 replaces Rev. 189 Effective 12/1/60

CONTINUATION SHEET
 FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE
 (Pursuant to Government Code Section 11380.1)

S-122

PUBLIC ASSISTANCE

Statistical

S-122 (Continued)

S-122

Make entries in Columns A, B, and C as follows:

- Item 1. Pending from Last Month - Enter the number brought forward from last month. If Item 5 of last month's report was in error, the correct figure shall be shown in Item 1 and an explanation of the correction shall be made in a footnote.
- Item 2. Received During Month - Enter the number received during the current month. Exclude requests for restoration unless they are written requests, in which case report them in Column C. Exclude requests for intercounty transfer of aid.
- Item 3. Total - Enter the sum of Items 1 and 2.
- Item 4. Disposed of During Month - Enter the sum of Items 4a, 4b, 4c and 4d.
- Item 4a. Applications Signed - Enter the number of applications signed (except for transfer from another county) during the current month. Item 4a, Column A must be the same as Item 2, Column B.
- Item 4b. Granted - Enter the number of applications (both new and reapplications) and requests for restoration granted during the current month regardless of the beginning date of aid. Item 4b, Column B, must equal the sum of Items 7a and 7b. Item 4b, Column C, must equal Item 7c.
- Item 4c. Denied - Enter the number of applications and written requests for restoration denied during the current month.
- Item 4c.
 (1) (Form DA 237 only) Does Not Meet Definition of Disability - Enter the number of ATD applications denied because disability could not be established.
- Item 4c.
 (2) (Form DA 237 only) Other reasons - Enter the number of ATD applications denied for reasons other than degree of disability.
- Item 4d. Withdrawn or Canceled - Enter the number of requests for aid, applications and written requests for restoration withdrawn by the applicant during the current month or canceled because the individuals have died. Applications and written requests for restoration withdrawn by the applicant on which the county takes denial action are to be reported in Item 4c.
- Item 5. Pending at End of Month - Enter the number of pending requests for aid (Column A), applications (Column B) and written requests for restoration (Column C), including those signed in the current month, which had not been disposed of (i.e., granted, denied, withdrawn, or canceled) by the end of the month. This item is equal to Item 3 minus Item 4 in each column.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

S-130 INTRODUCTION - MONTHLY STATISTICAL REPORTS ON AID TO NEEDY CHILDREN, FORMS CA 237-FG AND CA 237-BHI S-130

Two separate forms are provided for reporting ANC as follows:

1. Form CA 237-FG -- Aid to Needy Children - Family Groups. Report on this form activity in connection with the application process and payment of ANC to Children living in their own homes or with relatives, i.e., in family groups, regardless of the children's eligibility for federal participation. These children meet the requirements for claiming on the Aid to Needy Children Payroll (Form CA 801).
2. Form CA 237-BHI -- Aid to Needy Children - BHI. Report on this form activity in connection with the application process and payment of ANC to children who are living in boarding homes or institutions, i.e., whose living arrangements meet the requirements for claiming on the Aid to Needy Children Payroll for Children in Boarding Homes and Institutions (Form CA 801 - BHI).

(Continued)

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective DEC 1 1960

CONTINUATION SHEET
 FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE
 (Pursuant to Government Code Section 11380.1)

Statistical

PUBLIC ASSISTANCE

S-130

S-130 (Continued)

S-130

Unit of Count.

Form CA 237-FG -- In this report the unit of count is the family group in all items of Part A, Part B, and Column 1 of Part C. In these items report only those actions that affect the status of the entire family group. The unit of count is the individual child for all items in Column 2, Part C.

A family group, for the purposes of this report, consists of a family budget unit. Brothers and sisters living with different relatives or legal guardians are to be reported as separate family groups.

Form CA 237-BHI -- In this report the unit of count for all items in Parts A, B, and C is the individual child.

Organization of ANC Reports

Each report is divided into four parts as follows:

- A. Requests for Aid (Sec. S-132).
- B. Applications and Requests for Restoration (Sec. S-134).
- C. Cases (Sec. S-136).
- D. Obligations Incurred (Sec. S-138).

(For detailed instructions on counts to be included in each part see the manual sections referred to above.)

Within each part, except Part D, items provide for reporting the workload brought forward from the preceding month, the workload added during the current month, disposition of workload during the current month and the remainder that will be carried forward to next month. In Parts A and B one item under disposition represents the segment of the workload that is moving into the next part of the report and it must agree with the designated item, or items, in the next part, e.g., Items 4a and 7 (Col. 1).

Items designated by numbers add or subtract downward, e.g., Item 1 plus 2 equals Item 3, and Item 3 minus Item 4 equals Item 5.

Items designated by letters of the alphabet always add upward to a total and each of the lettered items represents a breakdown of the total count in the numbered item immediately above. For example, Item 9 gives the total number of applications disposed of during the month and a, b, and c under Item 9 give counts to show how many of these were granted (a), denied (b), or withdrawn (c).

(Section Continued on Next Page)

CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

S-130

PUBLIC ASSISTANCE

Statistical

S-130 (Continued)

S-130

When to Report Actions

Statistical counts listed below are to be reported according to the month in which the county board of supervisors, or its agent, takes the official action, not the month in which the action affects the payroll, unless these months are the same:

1. New applications and reapplications granted or denied.
2. Requests for restoration granted or denied.
3. Restorations granted after case is discontinued for one or two months to adjust for an overpayment.
4. Discontinuances.

Exception: If discontinuance action is taken in the current month to be effective in a future month, report such discontinuance in the month in which the last warrant is paid. For example, a child who will reach his 18th birthday in October is discontinued by official action in September, effective October 31; the discontinuance is reported in October.

Board of Supervisors

In these instructions the term "board of supervisors" shall be construed to include the duly authorized agent of the board of supervisors.

Definition of Current Month and Last Month

The month on which the county is reporting statistically, whether a calendar month or a work month, will be referred to as the "current month." The month immediately prior to the current month will be referred to as "last month." (See Sec. S-105.)

Transfers Between ANC-FG (Form CA 237-FG) and ANC-BHI (Form CA 237-BHI)

On each of the two ANC reports provision is made for transferring cases from one report to the other at two different points, as follows:

1. Application (Part B) - To accommodate changes in living arrangement between the date the application or request for restoration is signed and the date ANC is granted, or to correct for errors in the original determination, two items (Items 6b and 6c) are provided in Part B for transferring the child (children) from one report to the other. While it is sometimes difficult to determine at the point the application or request for restoration is signed whether the child (children) will be living in a boarding home or institution or in a family group, every effort should be made to make an accurate determination in order to keep entries in these items to a minimum.
2. Active ANC cases (Part C) - ANC cases receiving ANC in one type of living arrangement may be moved to another type of living arrangement, requiring the transfer of the case, or part of the case, from one ANC report to the other. Such transfers are to be reported in Items 12e and 14a and are not to be confused with transfers occurring before the receipt of ANC (see "1" above).

(W&IC 115, 116)

CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULATION
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Statistical

PUBLIC ASSISTANCE

S-132

S-132 PART A - REQUESTS FOR AID, FORMS CA 237-FG AND CA 237-BHI

S-132

This part includes all requests for aid, except as qualified below for each report, whether made orally (in person or by telephone) or in writing, if it is clear that the request is for ANC, even though the individual may not know the title of the program. Requests for information only are not to be reported as requests for ANC. Count only one request if two or more requests are made during the current month for the same child or group of children.

Requests for aid are to be reported as follows:

Form CA 237-FG. Count the request for aid for each family group that has never previously received ANC or which is requesting ANC after having been discontinued for at least 12 months. Exclude requests for restoration and requests for transfer of ANC from another county. Also exclude requests for ANC for an additional child (children), i.e., other members of the same family group are receiving ANC or an application for other members of the family group is in process.

Form CA 237-BHI. Include all requests for aid for children in boarding homes or institutions except requests for restoration and requests for transfer of ANC from another county. Count each child as a separate request and include requests for additional children. Exclude requests for children currently receiving ANC in a family group for whom a change in living arrangement has occurred or is anticipated, i.e., from a family group to a boarding home or institution.

If the request is made and the ANC application signed during the first contact with the applicant for the children, or during the same month, it shall be reported in Part A, as a request, as well as in Part B, as an application signed.

Note: It is possible that a request for ANC will be counted during the same month as a request for General Relief (Item 1, Form GR 237) either because the family is ineligible for ANC or because assistance from General Relief funds is necessary pending approval of ANC.

Item 1. Pending from Last Month - Enter the number of requests for ANC brought forward from last month. If Item 5 of last month's report was in error, the correct figure shall be shown in Item 1 and an explanation of the correction shall be made in a footnote.

Item 2. Received During Month - Enter the number of requests for ANC received during the current month. Exclude requests for restoration, requests for intercounty transfer, and active ANC cases (families and/or children) being transferred from boarding homes and institutions to family groups and vice versa.

(Section Continued on Next Page)

CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

S-132

PUBLIC ASSISTANCE

Statistical

S-132 (Continued)

S-132

Item 3. Total - Enter the sum of Items 1 and 2.

Item 4. Disposed of During Month - Enter the sum of Items 4a and 4b.

Item 4a. Applications Signed - Enter the number of children living in boarding homes or institutions (Form CA 237-BHI) for whom applications for ANC were signed during the current month; and the number of families (Form CA 237-FG) for whom applications for ANC were signed during the current month. Exclude applications signed to effect the transfer of ANC from another county from both Form CA 237-FG and Form CA 237-BHI. Exclude applications for additional children from Form CA 237-FG.

Item 4b. Requests Withdrawn or Canceled (Applications not signed)- Enter the number of requests that were withdrawn or canceled during the current month. If no action on the request is taken by the end of the report month following that in which the request was received, report the request as canceled.

Item 5. Pending at End of Month - Enter the number of requests for aid which have not been disposed of and which are still awaiting action at the end of the current month.

(W&IC 115, 116)

DO NOT WRITE IN THIS SPACE

CALIFORNIA-SDSW-MANUAL- STAT

Rev. 306 replaces Rev. 16

Effective 12/1/60

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Statistical

PUBLIC ASSISTANCE

S-134

S-134 PART B - APPLICATIONS AND REQUESTS FOR RESTORATION
FORMS CA 237-FG AND CA 237-BHI

S-134

This section is designed to report the movement of applications and requests for restoration.

Column 1, Applications: Report new applications and reapplications, excluding applications for transfer of active ANC cases from another county.

Column 2, Requests for Restoration: Report all requests for restorations received by the county except as noted below for Form CA 237-FG. Exclude restorations granted after discontinuance of one or two months to adjust for an overpayment.

On Form CA 237-FG, report only applications or requests for restoration for an entire family group, i.e., excluding those for an additional child (children) if other members of the family group are receiving ANC or an application or restoration is in process.

Applications or requests for restoration erroneously denied in a prior month shall be included in the current month count as an adjustment in Item 6 and as granted in Item 9a.

Item 6. Brought Forward from Last Month - Compute this figure by adding the entries in Items 6a and 6b and subtracting Item 6c from the resulting figure, i.e., Item 6a plus Item 6b minus Item 6c.

Item 6a. Item 10 Last Month or Explain - Enter the number of applications (Column 1) or requests for restoration (Column 2) previously received which had not been disposed of by the end of last month.

If Item 10 of last month's report was in error, the correct figure shall be shown in Item 6a, and an explanation of the correction shall be made in a footnote.

Item 6b. Transfers from ANC-BHI (ANC-FG), Part B.

On each report use this item for entering the number of applications or requests for restoration that are being transferred from Part B of the other ANC statistical report. Exclude ANC cases that have been receiving ANC in one living arrangement, e.g., boarding home, and are now being moved to the other type, e.g., family group.

Item 6c. Transfers to ANC-BHI (ANC-FG), Part B.

On each report use this item for entering the number of applications or requests for restoration that are being transferred to Part B of the other ANC statistical report. Exclude ANC cases that have been receiving ANC in one living arrangement, e.g., family group, and are now being moved to the other type, e.g., boarding home.

(Section Continued on Next Page)

CONTINUATION SHEET
 FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE
 (Pursuant to Government Code Section 11380.1)

S-134 PUBLIC ASSISTANCE Statistical

S-134 (Continued) S-134

Item 7. Received During Month - Enter the number of applications or requests for restoration for ANC received during the current month. In Column 1 this entry must agree with Item 4a.

In family groups, if an application or request for restoration was received for a group of children but the children were placed in two or more family budget units by the time aid was granted, show the additional family unit(s) in the report for the month in which ANC is granted, as an inventory adjustment in Item 6a.

Item 8. Total - Enter the sum of Items 6 and 7.

Item 9. Disposed of During Month - Enter the sum of Items 9a, 9b, and 9c.

Item 9a. Granted - Enter the number of applications (Column 1) and requests for restoration (Column 2) which were granted during the current month regardless of the beginning date of ANC. The entry in Column 1 must equal the sum of Items 12a and 12b; the entry in Column 2 must equal Item 12c.

Item 9b. Denied - Enter the number of applications (Column 1) and requests for restoration (Column 2) which were denied during the current month.

Item 9c. Withdrawn - Enter the number of applications (Column 1) and requests for restoration (Column 2) which were withdrawn by the applicant during the current month. If the application or request for restoration is withdrawn but the county takes denial action, the case is to be reported in Item 9b, Denied.

Item 10. Pending at End of Month - Enter the number of pending applications (Column 1) and pending requests for restoration (Column 2), including those received in the current month, which had not been disposed of (granted, denied, or withdrawn) by the end of the current report month. This item is equal to Item 8 minus Item 9.

(W&IC 115, 116)

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULATION WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Statistical

PUBLIC ASSISTANCE

S-140

S-140 MONTHLY STATISTICAL REPORT ON GENERAL RELIEF, FORM GR 237

S-140

Introduction

The General Relief Monthly Activity Report, Form GR 237, provides for reporting of recipients and expenditures from county general relief or county indigent funds. This report differs from the monthly statistical reports on other public assistance programs in some respects because state law does not specify program requirements for General Relief. Consequently, policy and practices vary widely from county to county.

Purpose

The purpose of these reports is to make available to the State Department of Social Welfare essential information about the General Relief program. They provide the basis for regular reports to the Department of Health, Education and Welfare and for monthly publications on an individual county basis.

The data are also useful to county officials for planning and to the State Department of Social Welfare for making estimates for the legislature and the Governor.

Period Covered

See Sec. S-105 for definition of report month.

Retention of Forms

Retain one copy of Form GR 237 in county files for at least one complete fiscal year in addition to the current fiscal year.

Content

This report provides for certain summary data on all forms of General Relief, and for more detailed information on certain aspects of General Home Relief. Specifically excluded from Form GR 237 are the following:

1. OAS, ANB, APSB, ATD and ANC payments reported on the Form 237 series, and medical care payments reported on the Form 260 series.
2. County supplemental aid from General Relief funds extended to ANC cases; such aid is reported on Forms CA 237-FG and CA 237-BHI.
3. Relief from private sources.
4. Institutional programs.
5. Surplus commodities obtained from the U. S. Department of Agriculture.
6. Administrative expenses of the General Relief program.

CALIFORNIA-SDSW-MANUAL-STAT

Rev. 308 replaces Rev. 167

Effective 12/1/60

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

S-141

PUBLIC ASSISTANCE

Statistical

S-141 DEFINITIONS FOR USE IN GENERAL RELIEF REPORTING,
FORM GR 237

S-141

1. Current Month is the month on which the county is reporting statistically.
2. Last Month is the month immediately prior to the "current" month.
3. Request for Subsistence: A request for subsistence is an action by which an individual indicates to a county welfare department his need to receive one or more of the basic necessities of life (food and shelter). The request may be made orally or in writing and it may be made in person or through another individual in the needy person's behalf.
4. General Relief is the broad term covering the various kinds of assistance and service to persons in financial need given by county welfare departments from county indigent funds. It runs the gamut, from long-term care for the chronically ill and infirm to one-time emergency assistance, such as a bus token to help the recipient to the clinic. By definition, it excludes surplus commodities obtained from the U.S. Department of Agriculture.
5. General Home Relief is that form of General Relief which gives subsistence aid to persons in their homes (i.e., noninstitutional care) whether it tides them over during a time of financial stress or provides maintenance for an extended period. It may provide all the necessities of life--food, clothing, shelter, etc.--or only one of these.
6. Other General Relief is assistance from county indigent funds not classified as General Home Relief. It is usually given to meet a need not related to subsistence; e.g., medical care, return of stranded transients to place of residence, etc.
7. Full-Month Subsistence means the giving of assistance for the entire month to provide both of the two major elements of subsistence: food and shelter. If these are provided on a full-month basis (or one is provided and the other available free of cost), the case should be counted under Full-Month Subsistence. Otherwise, the case should be counted under All Other GHR.

(Continued)

CALIFORNIA-SDSW-MANUAL- STAT

Rev. 309 replaces Rev. 168

Effective 12/1/60

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

S-141 (Continued)

S-141

8. All Other GHR, has, in effect, been defined under the preceding definition. If a case is not to be counted under Full-Month Subsistence, it belongs under All Other GHR.
9. Transient Care: This is subsistence aid given to persons or families in need, who are passing through the county and whose stay in the county is likely to be very short, i.e., normally less than a week.
10. Aid Given in Kind: This category includes all assistance in behalf of a recipient given in the form of direct payments to a vendor, such as grocery, rent or clothing orders; commodities such as clothing or food issued direct to recipients from a county commissary, etc. Aid "in kind" as defined here does not include surplus commodities obtained from the U.S. Department of Agriculture.
11. Aid Given in Cash: This represents a payment of money to a recipient. Payment may be in legal tender, check, county warrant, etc.

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective DEC 1 1960

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Statistical

MEDICAL CARE

S-450

S-450 MONTHLY STATISTICAL REPORT ON PAYMENTS FOR FUNCTIONAL IMPROVEMENT SERVICES FOR AID TO NEEDY DISABLED RECIPIENTS, FORM DA 260 S-450

A. GENERAL INSTRUCTIONS

Content of Report

Form DA 260, Monthly Statistical Report on Payments for Functional Improvement Services for Aid to Needy Disabled Recipients is to be used to report the amount of such payments made during the month.

Report on only those services under the program for functional improvement which were paid for from Medical Care Funds. Do not report on services paid for from county indigent funds or other county-only funds; and do not report on services provided without charge to ATD recipients by public and private clinics and other public and private resources.

When to Report

Form DA 260 shall be sent in duplicate to Bureau of Statistical Reports, State Department of Social Welfare, 722 Capitol Avenue, Sacramento, California, to arrive by the 12th of each month following the month covered by the report.

Counties with CPS Contracts

California Physicians' Service will provide the State Department of Social Welfare with statistical reports on expenditures made by each county with which CPS has a contract to receive and process bills under this program.

Month Covered by the Report

Report payments for functional improvement services according to the month in which payment is made.

B. INSTRUCTIONS FOR SPECIFIC ITEMS

Item 1. TOTAL. Enter the Sum of the Entries in Items 2 and 3.

Item 2. Initial Evaluation for Functional Improvement Services

This item is to be used only for reporting the amounts expended for initial evaluations by physicians and other medical specialists working under their direction and for ancillary services necessary in these evaluations.

An initial evaluation in this context is any medical service or activity to determine the feasibility, nature and cost of a treatment plan whereby a recipient may achieve an increased capacity for self-care through functional improvement.

(Continued)

CALIFORNIA-SDSW-MANUAL- STAT

Rev. 310 replaces Rev. 179

Effective 12/1/60

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

S-450

MEDICAL CARE

Statistical

S-450 (Continued)

S-450

Ancillary evaluation services are those allied medical services used by medical practitioners to make diagnoses and include X-rays, chemical analyses and other laboratory procedures.

Item 3. Functional Improvement Treatment Services

This item is to be used for reporting all expenditures incurred in carrying out the actual treatment plan for functional physical improvement. Exclude all services directed toward initial evaluation (Item 2).

In this context, a treatment plan for functional physical improvement consists of any service, activity, appliance or other device that will increase the recipient's capacity for self-care. In addition to treatment by physicians it may include visits by nurses, treatment by chiropodists and dentists, artificial limbs, specially shaped cutlery to facilitate feeding one's self, such things as a ramp to accommodate a wheelchair, a railing to steady a recipient, or other specially built devices. It includes any expenses incurred in appraising progress of the treatment plan.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULATION WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Statistical

MEDICAL CARE

S-490

S-490 (Continued)

S-490

State of California
Department of Social Welfare

Bureau of Statistical Reports
722 Capitol Avenue, Sacramento

PAYMENTS FOR FUNCTIONAL IMPROVEMENT
SERVICES FOR AID TO NEEDY DISABLED
RECIPIENTS
Monthly Statistical Report

County _____

Month of _____ 19 _____

Item	Amount paid
1. TOTAL (Enter the sum of Items 2 and 3).	\$
2. Initial evaluation for functional improvement services. . . .	
3. Functional improvement treatment services	

Submit in duplicate by 12th of month
following month of report

Prepared by _____

Date _____

Form DA 260, December 1960

DO NOT WRITE IN THIS SPACE

FACE SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

NOV 29 1960

Division of Administrative Procedure

ENDORSED

APPROVED FOR FILING
(GOV. CODE 11380.1)

NOV 29 1960

Division of Administrative Procedure

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

(Agency)

Dated: November 28, 1960

By:

Jm Widenmeyer

Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

NOV 29 1960

At 3:15 o'clock P. M.

FRANK M. JORDAN, Secretary of State

John L. Smith

Assistant Secretary of State

DO NOT WRITE IN THIS SPACE

071-60 CONTENTS OF QUALIFYING AND OPEN COMPETITIVE EXAMINATION
WPS

071-60

Examinations shall include:

1. Practical written tests as an integral part of all examinations. For exception, see Sec. 075-35, Noncompetitive Promotions;
2. A competitive performance test for stenographic and typing positions and a qualifying performance test for other positions involving the operation of office machines;
3. A rating of training and experience for the more responsible positions, including all professional, technical, supervisory, and administrative positions;
4. Qualification appraisals for positions requiring frequent contact with the public, or which involve important supervisory or administrative duties. However, whenever it is necessary to meet operating conditions, the qualification appraisal interviews may be eliminated for any class. This will be authorized when jointly agreed to by the Merit System Examining Agency and SDSW.

After consultation with the SSWB the examining agency shall assign definite weights to each part of the examination and such weights shall be included in each public announcement of the examination. (W&IC 119.5, 119.6, FSS-Admin.)

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective December 1, 1960.

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

FINDING OF EMERGENCY

Revision of regulations relating to contents of qualifying and open competitive examinations for merit system counties contained in Manual Section WPS 071-60 is an emergency measure necessary for the immediate preservation of the public health, safety, and general welfare within the meaning of provisions of Section 11421 (b) of the Government Code.

The following facts constitute the emergency:

1. The procedure for setting up the establishment of eligible lists was recommended for approval to the SSWB by the Merit System Advisory Committee at its September 21, 1960, meeting.
2. The third California Counties Social Worker Entrance Examination, in which twelve civil service and the forty-four merit system counties are participating, will be held on November 12, 1960.
3. It is essential that elimination of qualification appraisal interviews be permitted for this examination in order to facilitate the establishment of eligible lists by December 1, 1960, under the speedup plan. Failure to have the change in rule become effective by December 1, 1960, would mean a delay of at least six weeks in the establishment of the eligible lists and might also require the administration of area examinations to meet recruitment needs of the agencies.
4. Any delay in the establishment of eligible lists will cause delay in filling vacancies presently existing in numerous county welfare departments. Delay in filling these vacant positions with qualified personnel will adversely affect the health and general welfare. Hence, prompt adoption, effective December 1, 1960, of these regulations is necessary for the immediate preservation of public health and general welfare.

Adoption of the rule change effective December 1, 1960, is therefore requested.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

Organization and Administration WELFARE PERSONNEL STANDARDS

071-85

071-85 QUALIFICATIONS OF APPLICANT
 WPS

071-85

The following general qualifications shall be deemed to be a part of personal characteristics of the minimum qualifications of each class specification and need not be specifically set forth therein. Each applicant shall:

1. Be citizen of the United States. (LC 1941)
2. Be legal resident of California for at least one year prior to the date of examination unless the residence qualifications are specifically waived by the SSWB. (W&IC 119.5, 119.6)
3. Possess all entrance requirements specified in the minimum qualifications established for the class; provided, however, that
 - a. For any class which requires that education and/or experience must have been obtained within a prescribed time period, time spent by the applicant in the military service of the United States in time of war, including the period September 16, 1940, to December 7, 1941, shall be excluded, and
 - b. For any class having a specified educational requirement, the Merit System Examining Agency may admit to the examination any applicant who is registered as a student in a recognized educational institution in the last semester or quarter of his required educational training. Such applicant (if successful in the examination) shall not be appointed to a position in the class until he produces evidence of satisfactory completion of the required training.
4. Possess the general qualifications of integrity, honesty, sobriety, dependability, industry, thoroughness, accuracy, good judgment, initiative, resourcefulness, courtesy, ability to work cooperatively with others, willingness and ability to assume the responsibilities and to conform to the conditions of work characteristic of the employment, good health, and freedom from disabling defects.
5. Possess a valid California operator's license where the position requires the driving of an automobile.

The SSWB may prescribe alternative or additional qualifications for individual classes and such shall be made a part of the class specifications. (W&IC 119.5, 119.6)

CALIFORNIA-SDSW-MANUAL-

Rev. 161 replaces Rev. 150

Effective 1/1/61

DO NOT WRITE IN THIS SPACE

FINDING OF EMERGENCY

The following amendments to regulations are emergency measures for the immediate preservation of the public health, safety and general welfare within the meaning of the provisions of Section 11421(b) of Government Code:

Fiscal Manual Sections F-360,C; F-520; F-730,G

The following facts constitute the emergency:

1. Public Law No. 86-778, known as the 1960 Social Security Amendments provides an additional method for computing the amount of federal funds available to this State for reimbursement of expenditures for medical services extended to aged persons.
2. The additional federal funds are available for medical care expenditures made in behalf of aged persons after October 1, 1960.
3. In order to obtain the maximum amount of additional federal funds it is necessary to revise accounting and reporting procedures relative to services provided Old Age Security recipients.
4. All of the additional federal funds received pursuant to Public Law No. 86-778 accrue to the benefit of recipients of Old Age Security in the form of an increased scope of medical services extended in their behalf pursuant to Chapter 1 of Part 3 of Division 5 of the Welfare and Institutions Code.
5. The adoption of the above amendments to the manual sections listed above on an emergency basis is necessary in order to enable counties to make the required changes in accounting and reporting procedures and thus permit the full claiming of all additional federal funds available for recipients of Old Age Security.

It is therefore necessary that these amendments to the specified manual sections be adopted by the State Social Welfare Board as emergency measures, to go into effect on December 1, 1960.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULAT 5
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

F-360 ANC MODIFIED PAYMENTS

F-360

SUBSECTION C ONLY

C. GOVERNMENTAL PARTICIPATION IN PAYMENTS

Federal participation is available in that portion of the payment which is not restricted in any fashion, made under a modified plan providing no more than two budget items are modified. (See ANC Manual Sec. C-222.50.)

State participation is available in a modified payment case regardless of which method of payment is used.

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective December 1, 1960.

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Fiscal

GOVERNMENTAL PARTICIPATION

F-520

F-520

FEDERAL PARTICIPATION IN AID PAYMENTS

F-520

The Federal Government participates in most, but not all, of the OAS, ANB, ANC, and ATD payments made to or on behalf of eligible persons in whose payments there is state participation.

In OAS, ANB and ATD there is no federal participation in:

1. Any payment made to or for a patient who is confined to any private institution maintained for the purpose of treating persons suffering from TB or mental disease. Therefore, federal participation is not available in payments to or for recipients in:

- a. Family care homes certified by the State Department of Mental Hygiene or institutions licensed by the State Department of Mental Hygiene to care for the mentally ill. These facilities are considered by the DHEW as extensions of the institutions.
- b. Private tuberculosis institutions licensed by the State Department of Public Health.

Likewise, there is no federal participation in payments made to or for patients cared for in other types of private institutions if there is a diagnosis of tuberculosis or psychosis. If federal participation is in order on the first day of the month, the federal government participates in the payment for the full month although the recipient may be admitted to a tuberculosis or mental hospital or institution during the month. (See Manual of Policies and Procedures - OAS, ANB and ATD.)

2. Any payment made to either of the following guardians:
 - a. The State Department of Mental Hygiene
 - b. An employee of the State Department of Mental Hygiene

(Continued)

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

F-520

GOVERNMENTAL PARTICIPATION

Fiscal

F-520 (Continued)

F-520

In OAS, ANB, and ATD there is no federal participation in any payment authorized after death of the recipient (See Sec. F-310-B.2).

In ANC there is no federal participation in any payment made:

1. For a child who is not living in the home of a relative who has the required degree of relationship to the child. (See Sec. F-525-A.)
2. For a caretaker who does not come within the definition of a needy relative. (See Sec. F-525-E.)
3. To a payee who does not have the required degree of relationship to the child. (See Sec. F-525-C.)
4. For a child living in a private boarding home or in a public or private institution or hospital other than for temporary care as defined in Sec. C-141 of the Manual of Policies and Procedures - ANC.
5. In a modified payment case:
 - a. In the amount of the grant that is restricted or modified when two or less budget items are restricted or modified
 - b. In the total grant amount if more than two budget items are restricted or modified.

See Secs. F-360 and F-730-G.

In APSB, there is no federal participation.

(Continued)

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Fiscal

AID CLAIMS

F-730

F-730 (Continued)

F-730

G. ANC MODIFIED PAYMENT CASES

The total amount of ANC authorized for a modified payment case may be reported as an expenditure on the monthly ANC claim although the payment of such assistance may not have been made in full.

ANC modified payment cases will be included on the monthly payroll in case number order and need not be segregated on a separate payroll; however, they should be identified by coding MP (Modified Payment) and the amount of that portion of the payment which was restricted or modified will be shown in the remarks column.

Example: ANC grant \$168.00. Rent and utilities totaling \$45.00 were restricted or modified. Payroll (ABCD 801) will show grant of \$168.00 in Column 3. Remarks column will show \$45.00 MP.

Federal reimbursement is available for ANC modified payment cases if no more than two budget items have been disbursed as modified payments.

Federal reimbursement may not be available due to reasons other than those involving the modified payment process. (See Sec. F-520.)

Since the number of budget items disbursed under the modified payment plan controls the availability of federal reimbursement, the county shall determine, at the close of the control period, whether or not correct federal status has been claimed.

If federal status was in error, the county will process an adjustment from regular to nonfederal or nonfederal to regular as the facts dictate.

(Continued)

MC-014 PRACTITIONER

MC-014

A person licensed to practice in California by the Boards of Medical Examiners, Dental Examiners, Osteopathic Examiners, Chiropractic Examiners, or Optometric Examiners; or

A person licensed to practice in other states by equivalent boards with respect to services provided California recipients within such other states; or

A person who meets the standards for occupational thereapists adopted by the Council of Medical Education and Hospitals of the American Medical Association; or

A person authorized to heal by prayer or spiritual means by a bona fide sect, denomination or organization approved by the State Department of Social Welfare.

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective January 1, 1961.

CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULATION WITH THE SECRETARY OF STATE
 (Pursuant to Government Code Section 11380.1)

MC-031.1 SERVICES AVAILABLE TO ALL RECIPIENTS WITHOUT PRIOR AUTHORIZATION

MC-031.1

- A. Home and/or office visits from or to practitioners (other than dentists or chiropodists) to a limit of three such visits for any one illness, or within 90 days from the first visit, whichever is less.
- B. Dental services, including extractions, required for the relief of pain, or the elimination of acute infection. For OAS recipients only, denture repair and adjustment.

C. Drugs and Medical Supplies:

1. Drugs - Aid to Needy Children

For Aid to Needy Children recipients, drugs as prescribed by Doctors of Medicine, Osteopathy, Dentistry and Chiropody except alcoholic beverages, food supplements and nutritional and vitamin items.

2. Drugs - Old Age Security and Aid to the Blind

For Old Age Security and Aid to the Blind recipients any drug or injection administered or prescribed by Doctors of Medicine, Osteopathy, Dentistry or Chiropody and contained in Manual Secs. MC-031.2 and MC-031.3.

3. Medical Supplies - Aid to Needy Children

The following medical supplies if prescribed by a practitioner on Form MC-165:

- | | |
|---|-------------------------------|
| (1) Syringe and two (2) needles | (11) Bed pan |
| (2) Two (2) hypodermic needles | (12) Enema can |
| (3) Atomizer | (13) Feeding tube |
| (4) Nebulizer | (14) Ear and ulcer syringe |
| (5) Hot water bottle | (15) Urethral catheter |
| (6) Fountain syringe | (16) Gauze bandages |
| (7) Combination hot water bottle and fountain syringe | (17) Sterile pads |
| (8) Ice bag | (18) Adhesive tape |
| (9) Ice cap | (19) Sterile absorbent cotton |
| (10) Urinal | |

4. Medical Supplies - Old Age Security and Aid to the Blind

Cast materials, dressings and retention catheters when provided by a physician or emergency facility.

These Regulations are designated to become effective January 1, 1961.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

MC-031.1	SCOPE AND LIMITATIONS	Regulations
MC-031.1 (Continued)		MC-031.1

Prescriptions should be confined to quantities necessary for the estimated duration of the illness. Where medication is constantly prescribed for the chronically ill, the quantity prescribed should be the most economical amount from the point of view of cost. Expensive proprietary items should not be prescribed when significantly less expensive items would be equally effective.

Prescriptions shall be written on forms prescribed by the SDSW and shall be filled within seven days from the date of issue. No prescription shall be refillable.

Practitioners who do not comply with the rules and procedures contained in this manual shall not use prescription blanks furnished by the SDSW.

- D. Laboratory services for urinalysis and blood counts.
- E. Laboratory and X-ray services as prescribed by the practitioner in an emergency.
- F. Emergency surgery not requiring hospitalization under accepted medical standards.
- G. Services of visiting nurse associations to a maximum of five visits for any one illness.
- H. Physical examinations of children receiving Aid to Needy Children who are being placed away from their own parents in foster homes or institutions.
- I. Refractions for Old Age Security Recipients and necessary repairs to eye appliances.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

Regulations

SCOPE AND LIMITATIONS

MC-031.6

MC-031.6 SERVICES AVAILABLE TO ALL RECIPIENTS, EXCEPT AID TO DISABLED,
 WITH PRIOR AUTHORIZATION

MC-031.6

(See Sec. MC-031.5 for ATD)

1. Services for which prior authorization may be waived (MC-053.50)

- A. Home and/or office visits from or to practitioners (other than dentists and chiropodists) in excess of three such visits for any other illness or beyond the 90th day from the first visit.
- B. Any service rendered by chiropodists.
- C. For Aid to Needy Children recipients only special medical supplies not listed in the schedule of maximum allowances, but required as a part of a specific treatment plan.
- D. Elective laboratory services other than urinalysis and blood counts.
- E. Elective radiological services.
- F. Services of private nurses or services of visiting nurse associations in excess of five visits for any one illness.
- G. Dental care for children under 13 years of age as necessary to prevent tooth loss and maintain dental health. During the fiscal year beginning July 1, 1960, and ending June 30, 1961, such care may also be given to children aged 13 through 17 years.
- H. Complete histories and physical examinations by physicians.
- I. Services of physical therapists as prescribed by physicians.
- J. For OAS recipients all essential dental care necessary to restore and maintain adequate dental health pursuant to standards established by the Director of the SDSW.

2. Services for which prior authorization may not be waived.

- A. Services of rehabilitation centers meeting the standards of the Vocational Rehabilitation Service.
- B. For Old Age Security recipients only, eye appliances listed in the Schedule of Maximum Allowances. (MC-053.50)

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations

SCHEDULE OF MAXIMUM ALLOWANCES

MC-040

MC-040

SCHEDULE OF MAXIMUM ALLOWANCES

MC-040

The following allowances constitute the maximum payment that may be made for the specified service or procedure. No additional charge to the recipient will be permitted.

No payment will be made for any procedure performed in a hospital for other than outpatient services, such as diagnostic laboratory or X-ray services, physical therapy, or procedures performed on an emergency outpatient basis. Exception: For Old Age Security recipients only, dental care, refractions and eye appliances are allowable for the recipients in hospitals.

No payment will be made for elective office surgery. Elective, or optional office surgery is any surgical procedure which can be deferred as it is neither life extending nor life saving. Diagnostic surgery requiring biopsy is not considered elective.

No payment will be made for diagnosis or treatment given in the absence of the recipient, e.g., telephone calls.

Payment may be made for physician's services only when performed with a physician in attendance.

No payment will be made for the treatment of mental illness or for radium or X-ray therapy.

Under the Aid to Needy Children program payment will be made for the treatment of tuberculosis, venereal disease, and for prenatal care. Payment for these conditions will not be made for recipients under other public assistance programs.

No payment will be made for rehabilitative services at a rehabilitation facility unless the practitioner submits a complete plan for rehabilitation in advance of referral.

This schedule includes most procedures contemplated as necessary and normally performed in any locality on an outpatient basis. However, other procedures may be included if they are determined to be in accordance with local community practice.

No payment may be made for any service or care rendered to patients admitted to and registered in a hospital and in a facility, such as an adjunct nursing home, operated as a part of such hospital. Exception: For Old Age Security recipients only, dental care, refractions and eye appliances are allowable for both inpatients and outpatients.

No payment will be made for services in behalf of recipients of Aid to the Disabled unless the services are included under Sec. MC-031.5, and are approved in advance by the county.

CALIFORNIA-SDSW-MANUAL- MC

Rev. 286 replaces Rev. 262

Effective 1/1/61

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
**OR FILING ADMINISTRATIVE REGULATION
 WITH THE SECRETARY OF STATE** 45
 (Pursuant to Government Code Section 11380.1)

MC-045.1 REFRACTIONS AND EYE APPLIANCES

MC-045.1

For OAS recipients only, if a physician or optometrist recommends the use of eye appliances, the cost of refractions and of eye appliances is allowed not to exceed the maxima listed below.

More than one type of glasses is permitted if correction for both reading and distance vision is required and two pairs of glasses are recommended by a physician or optometrist because the recipient's physical condition prevents use of bifocal lenses.

Lenses must be of a quality at least equal to Tillyer, Orthogon or Univis.

Pro. No.

9505	Refraction	\$15.00
9510	Bifocal lenses (other than cataract) - each lens	10.00
9511	Single vision lenses (other than cataract) - each lens	5.00
9512	Bifocal cataract lenses - each lens	20.00
9513	Bifocal cataract lenses - each lens - Lenticular - Rose tint	27.50
9514	Bifocal cataract lenses - each lens - Lenticular - balance - Rose tint	13.75
9515	Single vision cataract lenses - each lens	10.00
9516	Single vision cataract lenses - each lens - Lenticular - Rose tint	13.75
9518	Tinted lenses - additional for each lens	2.00
9519	Prism - additional for each lens	2.00
9530	Frames	10.00
	Artificial eyes	
9540	Plastic, stock - each	35.00
9541	Glass - each	15.00
9545	Corneal lenses for correction of keratoconus or other pathological conditions of the cornea wherein useful (i.e., 20/80) vision cannot be obtained with regular lenses per pair	100.00
9549	Repairs	
	Cost is to be allowed in accordance with local community practice, not to exceed a reasonable amount as determined by the county.	

(Sales tax, where applicable, is added to the above maxima.)

These Regulations are designated to become effective January 1, 1961.

CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULA 45
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Manual Sections S-129.2, Instructions for Completing Monthly Statistical Report on Special Allowances for Attendant Care and S-129.4, Category (or Priority) are being repealed effective January 1, 1961.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Statistical

PUBLIC ASSISTANCE

S-129

S-129 PART D - SPECIAL NEED FOR ATTENDANT CARE, INCLUDED IN PARTS B AND C, S-129
FORM DA 237

Data in this part are abstracted from Parts B and C and consist of the counts of recipients receiving a special need allowance for attendant care and the amounts paid for this allowance. This section does not change reporting instructions for Parts A, B and C.

Report here only those recipients for whom a special need allowance for attendant care is paid during the month and only the amounts paid for this special need. Include payments for attendant care in prior months. Do not report recipients or amounts if attendant care is provided only through county supplemental payments or payments by relatives or from other sources.

Item 14. Totals - Enter in each column the sum of the entries in Items 15 and 16.

Item 15. Special Need Allowance For the Month \$150 Or Less - Enter under "recipients" the number whose special need allowance for attendant care for the month, apart from the regular ATD grant, was \$150 or less. Enter under "amount" the payments for this special need.

Item 16. Special Need Allowance More Than \$150 for the Month - Enter under "recipient" the number whose special need allowance for attendant care for the month, apart from the regular ATD grant, was more than \$150. Enter under "amount" the payments for this special need.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Statistical

PUBLIC ASSISTANCE

S-190

S-190 (Continued)

FORM DA 237

S-190

State of California
Department of Social Welfare

Bureau of Statistical Reports
722 Capitol Avenue, Sacramento

AID TO DISABLED
MONTHLY STATISTICAL REPORT

County _____

Report for _____ 19 _____

PART A: INTAKE (exclude requests and applications
for transfer from another county)

Col. A	Col. B	Col. C
Requests for aid	Applications	Written requests for restoration
	x x x x x	x x x x x
x x x x x		
x x x x x		
x x x x x		x x x x x
x x x x x		x x x x x

1. Pending from last month (Item 5 last month, or explain) .
2. Received during month
3. Total (1 + 2)
4. Disposed of during month (Total).
 - a. Application signed.
 - b. Granted
 - c. Denied.
 - (1) Does not meet definition of disability .
 - (2) Other reasons.
 - d. Withdrawn or cancelled.
5. Pending, end of month

PART B: CASES

Number of cases

6. Brought forward from last month (Item 10 last month or explain) . . .
7. Granted during month (sum of a through d)
 - a. New applications. THE SUM OF THESE TWO MUST EQUAL
 - b. Reapplications. ITEM 4b IN COLUMN B
 - c. Restorations - written request (same as 4b, Col. C)
 - d. Transfers from another county
8. Total cases (sum of 6 and 7; also a + b below)
 - a. Received ATD.
 - (1) Direct ATD (entire grant to recipient).
 - (2) Personal allowance and payment to Pub. Med. Inst . .
 - (3) Entire grant to Public Medical Institution
 - b. Did not receive ATD (includes "O" grant cases)
9. Discontinued during the month (same as Grand Total, Form DA 253) . . .
10. Continued to next month (8 minus 9).

PART C: NET EXPENDITURES

Amount

11. Direct ATD (entire grant to recipient)
12. ATD for recipients in Public Medical Institution.
 - a. Personal allowances to recipients
 - b. Payments to Public Medical Institutions
13. Total ATD (a + b + c; also 11 + 12)
 - a. Federal share
 - b. State share
 - c. County share

PART D. SPECIAL NEED for ATTENDANT CARE, INCLUDED IN PARTS B & C : recipients : amounts

14. Totals (sum of items 15 & 16) \$ _____
15. Special Need allowance \$150 for the month or less.
16. Special Need allowance more than \$150 for the month.

Signature of Reporting Officer _____

Date _____

Form DA 237, Revised October 20, 1960

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULATION
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

VS W&IC 4555

J. M. WEDEMEYER
Director

EDMUND G. BROWN
Governor

State of California
DEPARTMENT OF SOCIAL WELFARE

722 Capitol Avenue
Sacramento 14

November 22, 1960

DEPARTMENT BULLETIN NO. 594 (OAS, MC)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS
CALIFORNIA PHYSICIANS' SERVICE

Subject: Rehabilitation Services
to OAS Recipients, Effective
January 1, 1961

I. INTRODUCTION

The purpose of rehabilitation service in the OAS program is to develop the aged person's maximum potential for self-care and independent living, and thus diminish his need for long-term attendant or out-of-home care. Some inpatient rehabilitation services have been included within the standard of assistance for OAS recipients for a number of years, but in practice have been available to only a very limited number of recipients as the cost of such services could be met only through the recipient's income, including his OAS grant. Effective January 1, 1961, rehabilitation services will be available to a larger number of OAS recipients as the list of services for which payment will be made from the Medical Care Fund will be expanded to include the medical care portion of the cost of evaluation and inpatient care for OAS recipients provided by a public or private rehabilitation facility, certified by the State Department of Public Health, as meeting the standards adopted by the State Department of Social Welfare. In addition to those medical services which are available on an outpatient basis for all recipients, occupational therapy, medical supplies and equipment needed for home use will be provided for the recipient following his discharge from the rehabilitation facility.

II. TOTAL STANDARD OF ASSISTANCE

The list below includes all components of care within the total standard of assistance for the recipient in a rehabilitation facility of which certain portions will be paid from the Medical Care Fund:

- A. The medical component of rehabilitation services;
- B. Board and room in the rehabilitation facility;

These Regulations are designated to become effective JAN 1 1961

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

- C. Personal needs not met by the facility;
- D. Retention of housing outside the rehabilitation facility, within specified limits;
- E. Special needs within, specified limits.

III. REHABILITATION SERVICES PROVIDED FROM THE MEDICAL CARE FUND

Inpatient Services

Evaluation service and all inpatient care will be provided in rehabilitation facilities for the restoration of capacity for independent living, self-help, comfort and decreased economic dependence, and other medical care, services and equipment found necessary by the facility during the period its rehabilitation plan is in effect. Specifically, those portions of the cost of medical care in the rehabilitation facility that can be paid from the Medical Care Fund are as follows:

- A. Hospitalization (exclusive of board and room) during the period a facility's rehabilitation plan is in effect.
- B. Inpatient medical and surgical care.
- C. Equipment
- D. Treatment of concurrent illness or surgical conditions. Treatment may be in or out of the facility.
- E. Ambulance transportation

Home Care Services

Home care medical services including medical and nursing service, occupational therapy, physical therapy, medical supplies and equipment will be provided for post discharge patients and other outpatients supervised by the rehabilitation facility. This may include recipients, for whom outpatient rather than inpatient care is recommended after the evaluation examination.

IV. COOPERATIVE PLANNING FOR REHABILITATION SERVICES

The effectiveness of any rehabilitation plan will be dependent to a large extent upon close continuing cooperation between the county welfare department and the rehabilitation facility. Responsibility of the county welfare department includes participation in the development and authorization of the rehabilitation plan. It also includes the rendering of continuing services over and above those provided by the facility, which will assist the recipient to achieve maximum progress while in the facility and maintain those gains following release from the facility.

DEPARTMENT BULLETIN NO. 594 (OAS, MC)
Page 2

JAN 1 1961

These Regulations are designated to become effective.....

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

A. Procedure Prior to Entrance in Rehabilitation Facility

1. Selection of Recipients

In selecting recipients and authorizing evaluation, and/or treatment, preference should be given to those who show a potential for improved capacity for self-care which will avoid need for institutional care. Conditions favorable to progress in rehabilitation and to retention of achievement are also prerequisites to authorization of services.

Factors to be considered in evaluating the potential for progress in rehabilitation and for retention of achievement, include stage of progress of disease and concomitant disabling conditions. Personal attributes such as motivation and emotional stability, need also to be evaluated.

2. Authorization of Evaluation and/or Treatment

Written prior authorization by the county welfare department is required in all instances for rehabilitation evaluation and reconfirming authorization before treatment services are initiated. Accordingly, immediately following its evaluation, the rehabilitation facility will provide the county welfare department with a statement regarding rehabilitative expectations for the recipient including the diagnosis and prognosis. This report from the facility will furnish the county welfare department with additional information on which to base its determination of whether authorization of the rehabilitation treatment and service plan should be approved.

If a plan of rehabilitation is proposed in which the welfare department has not participated, such plan and the request for services must be presented to the county welfare department for consideration and authorization before either the rehabilitation evaluation or treatment is initiated.

Preplanning and workup prior to admission to the facility must be in accord with the requirements of the facility for acceptance of the referral.

B. Planning for Discharge

Advance planning for care outside the rehabilitation facility after discharge is essential if rehabilitation is to continue and if gains achieved in the facility are to be maintained. Similarly, advance planning for care outside is essential if the recipient is to be discharged from the facility because of concurrent illness, unsatisfactory progress under the authorized rehabilitation plan, or for any other reason. Accordingly, in all instances the facility will notify the county welfare department in advance of the planned discharge date so that the county

DEPARTMENT BULLETIN NO. 594 (OAS, MC)
Page 3

JAN 1 1961

These Regulations are designated to become effective.....

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

welfare department can participate, if needed, in the development of a satisfactory plan for the recipient's continued care outside the facility.

V. DISCHARGE REPORTS

Discharge reports by the rehabilitation facility to the county welfare department are necessary to assure adequate planning for care after release from the facility and conservation of treatment results. Therefore, discharge reports by the rehabilitation facility to the county welfare department will be required to achieve these two objectives:

- A. Facilitate the county welfare department's planning with the recipient, and
- B. Provide statistical data regarding characteristics and use of the rehabilitation program.

VI. PROVISION FOR PAYMENT

Pursuant to W&IC Sec. 4502, the cost of board, room and personal expenses incidental to hospital care may not be paid from the Medical Care Fund. Thus, board and room components of care in a rehabilitation facility must be included in the need determination of the OAS recipient. Other rehabilitation services provided in the facility are paid as a vendor payment from the Medical Care Fund.

A. Billing for Payment

1. Recipient

The charge for the board and room component of care in the facility is to be billed to the recipient by the facility. (See Sec. B below for Computation and Payment of OAS grant.)

2. County Welfare Department

The charge for rehabilitation services exclusive of board and room is to be billed to the county welfare department by the facility for payment from the Medical Care Fund. (See Sec. C below for limitations on charges.)

B. Computation and Payment of OAS Grant

1. Need Determination

When a plan for rehabilitation in a certified rehabilitation facility is authorized by the county welfare department on behalf of an OAS recipient, such recipient's total need for purpose of OAS grant determination during the period he is in the rehabilitation facility, is the sum of the following:

DEPARTMENT BULLETIN NO. 594 (OAS, MC)
Page 4

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULATION WITH THE SECRETARY OF STATE
 (Pursuant to Government Code Section 11380.1)

Need Item	Allowance
(a) Board and room in rehabilitation facility.	Actual charge not to exceed the per diem rate for these items as certified by the State Department of Public Health.
(b) Personal expenses including clothing, recreation and education, personal and incidentals, errand service, and/or transportation.	Total allowance \$16; i.e., clothing - \$3.25; recreation and education - \$3; personal and incidentals - \$6.30; errand service and/or transportation - \$3.25. When one or more of these items are provided by the facility without charge, or are included in the charge for care in the facility, modification in the \$16 total personal expense item is appropriate.
(c) Special needs as provided in Manual Secs. A-204.13 through A-206.94.	Allowance is to be within limits specified in the appropriate manual sections. Special need allowance is not appropriate for any care, equipment or services that are part of the authorized rehabilitation plan and thus within the scope of the Medical Care Fund.
(d) Retention of housing outside of the rehabilitation facility.	Allowance is to be the actual cost, if any, of retaining housing outside the facility not to exceed the housing ceilings as specified in Sec. A-204.05. Such special need allowance for housing or any other special need item related to housing, such as household equipment, etc., is to be continued only as long as there is a probability the recipient will be able to resume living in his own home within a reasonable period of time. This determination should be made jointly with appropriate staff of the rehabilitation facility after evaluation of the recipient's condition and his potential for improvement.

DO NOT WRITE IN THIS SPACE

DEPARTMENT BULLETIN NO. 594 (OAS, MC)
 Page 5

CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

2. Computation of Grant

The OAS payment for the recipient in a certified rehabilitation facility is computed in accord with Regulation Sec. A-221, Amount of Aid Payment.

3. Payment to Recipient

The total OAS payment is to be paid to the recipient during the period he is receiving care in the rehabilitation facility; i.e., there is to be no vendor payment from the OAS grant even though the rehabilitation facility may be a public facility.

When a recipient on whose behalf a vendor payment is currently being made to a public medical institution, is admitted to the rehabilitation facility, the full grant for the month is to be paid to the recipient; i.e., no portion of the grant is paid to the public medical institution.

C. Payment to Rehabilitation Facility by County Welfare Department from Medical Care Fund

1. Inpatient Care

When a plan for rehabilitation in a rehabilitation facility is authorized by the county welfare department, the facility will receive payment from the county welfare department for services rendered, subject to the following limitations:

Hospitalization exclusive of board and room will be billed by the facility at per diem rates as established by the State Department of Social Welfare.

Medical and surgical care (not included in the per diem rate) and equipment will be billed at fees and costs established by SDSW.

Ambulance transportation cost should be authorized at the community rate.

Concurrent illness charges must be billed by or through the rehabilitation facility to the county welfare department.

2. Home Care Services

Payment for home care medical services for patients supervised by the rehabilitation facility will be on a "package fee" basis or individual "fee for service" basis. When an individual "fee for service" basis is used, allowance will be in accord with the appropriate fee schedule.

DEPARTMENT BULLETIN NO. 594 (OAS, MC)
Page 6

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULATION IS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Prior authorization of the total home care plan will be required subject to the same requirements applicable to inpatient care in the rehabilitation facility.

The provisions of this bulletin supersede any sections or portions of sections of the OAS and MC manuals which are in conflict therewith. Appropriate manual revisions will be made as soon as possible.

DO NOT WRITE IN THIS SPACE

DEPARTMENT BULLETIN NO. 594 (OAS, MC)
Page 7

These Regulations are designated to become effective JAN 1 1961

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11360.1)

W&IC 4555

J. M. WEDEMEYER
Director

EDMUND G. BROWN
Governor

State of California
DEPARTMENT OF SOCIAL WELFARE

722 Capitol Avenue
Sacramento 14

November 23, 1960

DEPARTMENT BULLETIN NO. 594-A (OAS, MC)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS
CALIFORNIA PHYSICIANS' SERVICE

Subject: Standards for Medical
Rehabilitation Facilities
Rehabilitation Services to OAS
Recipients Effective January 1,
1961.

The rehabilitation regulations approved by the State Social Welfare Board November 17, 1960, and incorporated in Bulletin No. 594 provided for standards to be established by the Department of Social Welfare.

The following Standards for Medical Rehabilitation Facilities have been developed by the State Department of Public Health at the request of the State Department of Social Welfare. They are applied by the State Department of Public Health in certifying to the State Department of Social Welfare those facilities which are qualified for providing inpatient care to disabled persons covered under the Old Age Security Medical Care program. Any agency or physician may initiate referral of a patient to a certified rehabilitation facility. Certified rehabilitation facilities have the privilege of accepting or rejecting patients referred for care by local communities.

The intent of these standards is to provide the means for establishing and maintaining high-quality care in rehabilitation facilities providing services to the aged. Medical rehabilitation facilities should consider these standards as a minimum by developing a quality of care which exceeds them, and are encouraged to develop training programs for professional persons needed to staff rehabilitation services.

1. The hospital shall:

- a. Be licensed by the California State Department of Public Health.
- b. Be approved by the Joint Commission on Accreditation of Hospitals or maintain comparable standards of care as determined by the California State Department of Public Health.
- c. Have an organized medical staff.

These Regulations are designated to become effective JAN 1 1961

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

- d. Have a distinct rehabilitation service serving the recipients for whom charges are made, including medical and surgical staffs, with a physician in active charge of the professional services.
- e. Provide the following minimum services:
- (1) full-time nursing services under the supervision of a professional nurse
 - (2) full-time physical and occupational therapy services.
- f. Have available the following minimal services:
- (1) full-time social casework services as an integral part of the rehabilitation staff
 - (2) clinical laboratory and X-ray services, which meet the standards of the Joint Commission on Accreditation of Hospitals
 - (3) psychological evaluation services
 - (4) prosthetic and orthotic services.
- g. Keep records of diagnosis, treatment program and functional results, including records of planning for admission and discharge.
- h. Submit reports as required or requested by the State Department of Social Welfare or county welfare departments.
2. Personnel shall meet the following standards:
- a. Physicians licensed to practice medicine and surgery in California and who are members of the organized staff are the only ones who may provide medical diagnosis and treatment.
 - b. One physician shall assume responsibility for total patient assessment and care. He must be a Diplomate of an American Board in a medical specialty or eligible for certification.
 - c. Consultants will be physicians qualified to perform the particular service required.
 - d. Physical therapists registered by the California State Board of Medical Examiners.
 - e. Occupational therapists registered by the American Occupational Therapy Association.
 - f. Nurses licensed by the California State Board of Nurse Examiners.
 - g. Social workers who have completed two years of graduate training leading to a Master's Degree in a graduate school of social work approved by the Council of Social Work Education.
 - h. Psychologists who either have a Master's Degree in clinical psychology or hold a credential to serve as school psychologist.

DEPARTMENT BULLETIN NO. 594-A (OAS, MC)
Page 2

JAN 1 1961

These Regulations are designated to become effective.....

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

3. Vocational counseling services are desirable.

County welfare departments will be notified as facilities are certified by the State Department of Public Health.

DO NOT WRITE IN THIS SPACE

DEPARTMENT BULLETIN NO. 594-A (OAS, MC)
Page 3

JAN 1 1961

These Regulations are designated to become effective.....

CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

W&IC 115, 116

J. M. WEDEMEYER
 Director

EDMUND G. BROWN
 Governor

State of California
DEPARTMENT OF SOCIAL WELFARE

722 Capitol Avenue
 Sacramento 14

DEPARTMENT BULLETIN NO. 595 (FISCAL)

**TO: COUNTY WELFARE DEPARTMENTS
 COUNTY BOARD OF SUPERVISORS
 COUNTY AUDITORS**

**Subject: Changes in Fiscal Claiming Forms
 and Methods of Preparing Claims
 Effective January 1, 1961**

Effective January 1, 1961, the following rules contained in this bulletin shall govern the use of the claiming forms for OAS, ANB, APSB, ATD, ANC and ANC-BHI. These rules supersede the Fiscal Manual Sections relating thereto.

Attached are copies of the new claiming forms which shall be used for assistance claims except VPMI beginning with the claims for the month of January 1961 due in Sacramento, February 10, 1961. The revised claiming forms affect Old Age Security, Aid to Needy Blind, Aid to Potentially Self-supporting Blind, Aid to Needy Disabled, Aid to Needy Children (Family Groups) and Aid to Needy Children in Boarding Homes and Institutions. Claiming forms for the VPMI programs have not been revised as of this date except for a slight change in the Reconciliation Statement. Under the new claiming method, it was necessary to provide a separate Reconciliation Statement, Form ABD 820V, for the VPMI claims. The changes in the forms are as follows:

1. The Certifications for the various programs are now revised to require less data and are entitled "Summary Report of Assistance Expenditures." They are Forms AG 800, BL 800, APSB 800, DA 800, CA 800 and BHI 800.
2. The Current Payroll (Contra Roll) Form ABCD 801 remains in effect but in most cases is used only for reporting items in the current formula period.
3. Forms 801A are Prior Period Payrolls (Contra Rolls) and are used to report items in the more recent prior formula periods.
4. Forms 801B, Repayment Contra Rolls, are forms to be used in reporting items in the old formula periods which are more than four years old and for which only repayments will be reported.
5. Reconciliation Statement, Form ABCD 820, is revised to coincide with the new Summary Report of Assistance Expenditures, Form 800.

Preparation of Claims

1. Due Date

Each claim shall be transmitted to the State Department of Social Welfare, 722 Capitol Avenue, Sacramento 14, California, by the 8th working day of the month following the month of the claim.

These Regulations are designated to become effective JAN 1 1961

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE**
(Pursuant to Government Code Section 11380.1)

2. Number of Copies

Claims shall be transmitted in the following number of copies:

Summary Report of Assistance Expenditures - triplicate
Reconciliation Statement - triplicate
Payrolls, Contra Rolls and Adjustments - original

3. Method of Assembling Claims

A. Original Copy

The original copy of the claim shall be assembled in the following order:

- 1) Summary Report of Assistance Expenditures
- 2) Reconciliation Statement
- 3) Main Payroll
- 4) Current Month Supplemental Payroll
- 5) Current Month Cancellation Contra Roll
- 6) Zero Grant Listing
- 7) Incapacitated Parents List (ANC only)
- 8) Prior Months Supplemental Payroll
- 9) Prior Months Cancellation Contra Roll
- 10) Repayment Contra Roll
- 11) Schedule of Adjustments
- 12) Prior Formula Period Rolls

B. Second Copy

The second copy of the claim shall consist of the duplicate copy of the Summary Report of Assistance Expenditures and the duplicate copy of the Reconciliation Statement.

C. Third Copy

The third copy of the claim shall consist of the third copy of the Summary Report of Assistance Expenditures and the third copy of the Reconciliation Statement.

4. Form Usage on Individual Claims

A. Old Age Security

The Old Age Security claims shall consist of the Summary Report of Assistance Expenditures Form AG 800, Current Payroll (Contra Roll) Form ABCD 801, Prior Period Payroll (Contra Roll) Form AG 801A and Repayment Contra Roll Form ABC 801B. The Current Payroll (Contra Roll) Form ABCD 801 shall be used to report all payroll and contra roll items for the formula period beginning 10/1/58. Form AG 801A shall be used to

DEPARTMENT BULLETIN NO. 595 (FISCAL)
Page 2

CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

report all items for the periods 10/1/56 through 9/30/58 and 10/1/52 through 9/30/56. Form ABC 801B shall be used for reporting repayments covering the formula periods 10/1/48 through 9/30/52, 10/1/46 through 9/30/48 and prior to 10/1/46.

B. Aid to Needy Blind

The Aid to Needy Blind claims shall consist of Form BL 800, Summary Report of Assistance Expenditures, Form ABCD 801, BL 801A and ABC 801B. These forms shall be used for the same periods as those for OAS.

C. Aid to Potentially Self-supporting Blind

The Aid to Potentially Self-supporting Blind claims shall consist of the Summary Report of Assistance Expenditures Form APSB 800 and Form ABCD 801 Aid Payroll (Contra Roll). The current formula period for APSB begins 10/1/47. For periods prior to 10/1/47, Form ABCE 801 shall show in Type of Roll "Repayment contra roll for the period prior to 10/1/47." Since only repayments will affect this period, completion of Columns 1 and 3 of Form ABCD 801 are all that is necessary on this form.

D. Aid to Needy Disabled

The Aid to Needy Disabled claims shall consist of the Summary Report of Assistance Expenditures Form DA 800, Payroll Form ABCD 801 for the current formula period and a Prior Period Payroll (Contra Roll) Form DA 801A. Because of the change in federal reimbursement to the county, with the inception of the Medical Care program to Aid to Needy Disabled, there is a split current formula period, that is, one beginning 10/1/59 and another 10/1/58 through 9/30/59. Therefore, when preparing Aid Payroll (Contra Roll) Form ABCD 801 for the ATD program, separate payrolls shall be made for prior months supplementals, prior months cancellations, repayment contra rolls and the adjustment schedules for each of the periods (10/1/58 through 9/30/59 and the period beginning 10/1/59). All items for the period 10/1/57 through 9/30/58 shall be reported on Form DA 801A.

E. Aid to Needy Children

The Aid to Needy Children claims shall consist of the Summary Report of Assistance Expenditures Form CA 800, the Current Formula Period Payroll (Contra Roll) Form ABCD 801, the Prior Period Payroll (Contra Roll) Form CA 801A and Repayment Contra Roll Form ABC 801B. Form ABCD 801 shall be used to report all items during the current formula period beginning 10/1/58. Form CA 801A shall be used to report all items for the periods 10/1/57 through 9/30/58, 10/1/56 through 9/30/57 and 10/1/52 through 9/30/56. Separate rolls shall be made for each of the formula periods. Repayment Contra Roll Form ABC 801B shall be used for reporting repayments for periods 10/1/48 through 9/30/52, 10/1/46 through 9/30/48 and prior to 10/1/46.

F. Aid to Needy Children in Boarding Homes and Institutions

The Aid to Needy Children in Boarding Homes and Institutions claims shall consist of the Summary Report of Assistance Expenditures Form BHI 800, the

DEPARTMENT BULLETIN NO. 595 (FISCAL)
Page 3

CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE**
(Pursuant to Government Code Section 11380.1)

Current Formula Period Payroll (Contra Roll) Form ABCD 801, the Prior Period Payroll (Contra Roll) Form CA 801A (BHI) and the Repayment Contra Roll Form CA 801B (BHI). Form ABCD 801 shall report all items for the current formula period beginning 10/1/57. Form CA 801A (BHI) shall report all items for the period 10/1/39 through 9/30/57. The Repayment Contra Roll shall report repayments for the period prior to 10/1/39.

5. Method of Preparing Payroll Forms

A. Current Formula Period Payroll (Contra Roll) Forms 801

Separate rolls, contra rolls and adjustment schedules shall be made for the current formula period in accordance with the items as shown on the Summary Report of Assistance Expenditures for each of the programs.

B. Prior Period Payroll (Contra Roll) Forms 801A shall include payments, repayments, cancellations and adjustments on the same roll. These items shall be grouped in accordance with the above headings and totaled on the last page of the Prior Period Payroll (Contra Roll). Computation of the shares shall be completed on the last page only. This shall be done for each of the formula periods covered by; the particular 801A. In most cases two entries are required to report adjustments; the first entry reversing the amount and/or persons count as originally reported and the second entry reporting the amount and/or persons count in the proper manner. In reporting repayments on Form 801A, the amounts shall be taken from Line D of each Repayment Report Form ABCD 808.

C. Repayment Contra Roll Forms 801B shall include only repayments. A separate Repayment Contra Roll shall be completed for each of the federal participation periods shown on the top of the form. Information as to the amount of repayment, federal, state and county shares shall be obtained from Line D of the individual Report of Repayment Form ABCD 808.

6. Repayments

Individual Form ABCD 808 (Report of Repayment) shall no longer be sent to SDSW as part of the claim. One copy of the Report of Repayment shall be kept by the county for audit purposes and used in the preparation of the appropriate contra roll and for necessary case recording.

In reviewing the attached Summary Report of Assistance Expenditures Forms 800 for OAS and ANB, it will be noticed that Item 6 which provides for reporting of the transfer of assistance funds to the Medical Care Revolving Fund provides for the computation of the amount to be transferred on the basis of the current month's persons count. Counties which have been using persons counts from the prior month's claim to compute the amount to be transferred may continue to use this method.

DEPARTMENT BULLETIN NO. 595 (FISCAL)
Page 4

FACE SHEET
**FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE**
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

DEC 27 1960

Division of Administrative Procedure

ENDORSEDAPPROVED FOR FILING
(GOV. CODE 11380.2)

DEC 27 1960

Division of Administrative Procedure

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

(Agency)

Dated: December 23, 1960

By: *J. M. Edwards*

Director

(Title)

FILEDIn the office of the Secretary of State
of the State of California

DEC 27 1960

At 3:25 o'clock P. M.

FRANK M. JORDAN, Secretary of State

Assistant Secretary of State

DO NOT WRITE IN THIS SPACE

The following Department Bulletins are repealed effective February 1, 1961:

Department Bulletin No. 591 (MC) Subject: Eye Care to OAS Recipients Added to Medical Care Fund Services Effective October 1, 1960

Department Bulletin No. 591-A (MC) Subject: Dental Care to OAS Recipients Added as Medical Care Fund Service Effective November 1, 1960

Department Bulletin No. 592 (OAS) Subject: Eye Care to OAS Recipients Excluded as Special Need Effective October 1, 1960

Department Bulletin No. 592-A (OAS) Subject: Dental Care to OAS Recipients Excluded as Special Need

The following Manual Sections are repealed effective February 1, 1961:

A-206.9

A-206.92

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

Regulations

DETERMINATION OF INCOME

B-211

B-211 INCOME - DEFINITIONS - ANB-APSB

B-211

Income is any benefit in cash or in kind received as a result of current or past labor or services, business activities, interests in real or personal property, or as a contribution from persons, organizations or assistance agencies.

Exceptions:

1. County supplementation is not considered income if the recipient's grant and other income are not sufficient to meet his total need determined within the limits specified in Chapter 20.
2. Certain benefits received as nonrecurring lump sum payments, irregular, non-recurring gifts of money, and proceeds received from sale of property (excluding proceeds from sale of less than an entire holding of livestock, poultry, or timber) are considered personal property rather than income (see Secs. B-136, Differentiation of Personal Property and Income, and B-137, Acquisition and Conversion of Real or Personal Property).

Separate income is a) income derived as a result of an interest in separate property, or, b) income resulting from employment or military service rendered prior to the present marriage, or c) that portion of community income which the wife brings to the community through her efforts.

Community income is:

- a. Income derived as a result of an interest in community property.
- b. Income resulting from employment or military service performed during the present marriage or being performed at the time of the present marriage.
Exception: If the applicant or recipient has relinquished his community interest in his spouse's earnings by oral or written agreement, such income is separate income of the spouse. If it is determined that the agreement was made for the purpose of qualifying for aid or for a greater amount of aid, such income is considered community income.
- c. Income from the earnings of a minor child, unless the child has been emancipated. (See Sec. B-150.2.)

Current income is that which is received in the current month regardless of the period over which it accrued. Exceptions: (1) Interest payments in decreasing amounts may be averaged; (2) If all or a portion of a cash gift is determined to be income pursuant to W&IC Secs. 3047.22 and 3447.2, it is considered "current income" in the month following receipt. (See Sec. B-136.)

Any unexpended portion of current income becomes personal property on the first of the month following receipt of the income. Exception: See Sec. B-212.7, Recurring Lump Sum Income - ANB.

Casual income is income which is 1) unpredictable as to amount and time of receipt; 2) of short duration; and 3) of negligible importance in meeting continuing needs under the ANB-APSB standard. Such income is not considered in determining the amount of the aid payment.

Income from an inconsequential resource is the net return from an interest in real or personal property which makes no appreciable contribution to the continuing needs of a recipient under the ANB-APSB standard. Such income is not considered in determining the amount of the aid payment.

(Continued)

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

B-211 (Continued)

B-211

In ANB exempt earned income is net income to and including \$85 a month, plus 50 percent of any net income in excess of \$85 a month, received as wages, salary, commissions, or profit from activities such as business enterprise, farming, etc., in which the applicant/recipient is engaged as a self-employed individual or as an employee. (See Sec. B-212.30, Net Income)

In APSB exempt income is net income from all sources (except casual or inconsequential) up to and including \$1,200 a year, plus 50 percent of any income in excess of \$1,200 during a yearly income period. (See Sec. B-212.30, Net Income)

See Sec. B-136; Differentiation of Personal Property and Income

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective October 1, 1960.

CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

Regulations

DETERMINATION OF INCOME

B-212.10

B-212.10 EXEMPT INCOME - ANB

B-212.10

Earned income up to and including \$85 a month, plus 50 percent of any earned income in excess of \$85 a month, is exempt in determining the amount of aid.

Earned income is defined as net income in cash or kind received as wages, salary, commissions, or profit from activities, such as business enterprise, farming, etc., in which the applicant/recipient is engaged as a self-employed individual or as an employee. It includes earnings over a period of time for which settlement is made at one given time, as in the instance of sale of farm crops, livestock, or poultry (other than the sale of an entire holding). If earned income is received in a lump sum payment for services rendered over a period of more than one month, a sum up to \$85 plus 50 percent of the sum in excess of \$85 (depending on the amount of other exempt income which may have been received) multiplied by the number of months during which the lump sum income was earned shall be exempt from consideration. (See Sec. B-212.40, Evaluation of Income in Kind.)

Returns from personal or real property holdings, such as the net income from rental of rooms, from purveying of board and room, from crops or livestock, etc., is considered earned income if such returns result from an appreciable and continuous effort on the part of the applicant or recipient.

The recipient is entitled to receive the maximum amount of aid each month and retain net earned income up to \$85. If a person has net earned income of more than \$85 in a given month, one-half of any such income is exempt and the balance is considered in determining the grant. (See Sec. B-221, Amount of Aid Payment.) Exception: If the recipient is making an allocation to his spouse, no adjustment in the recipient's grant of aid is made until the unmet need of the spouse has been met. (See Sec. B-212.51, Community Income - ANB - APSB.)

Aid for an otherwise eligible recipient shall continue until the recipient becomes self-supporting. Any determination by a county that the objectives of a plan for self-support have been realized shall be made on the basis of the particular circumstances involved with due regard for the necessity of continuing grants of aid until self-support has been fully achieved.

Self-support is considered to have been achieved if the recipient's earning pattern over a reasonable period of time demonstrates average earnings which are sufficient for self-support and which are likely to continue. For the purpose of determining whether a person has achieved self-support, monthly net income of a recipient shall be computed without deduction of the community property interest of a spouse in the income. Self-support for a recipient of ANB means support for the recipient personally and does not include allowance for the needs of members of his family.

Funds for readers or a scholarship, or both, are exempt from consideration as income provided such funds are not available to meet basic needs of the recipient.

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

B-212.7

DETERMINATION OF INCOME

Regulations

B-212.7 RECURRING LUMP-SUM INCOME - ANB

B-212.7

Recurring lump-sum income is (1) income which has accrued over two or more months and which can be expected to be received at intervals in the future, and (2) a benefit of a recurring type which is received less frequently than monthly.

If earned income is received in lump sum payment for services rendered over a period of more than one month, a sum up to \$85 plus 50 percent of the sum in excess of \$85 (depending on the amount of other exempt income which may have been received) multiplied by the number of months during which the lump sum income was earned shall be exempt from consideration.

Nonexempt lump sum income is to be applied to identified need in future months. The method of apportionment is to be that which it appears (1) will be most advantageous to the recipient in meeting his total needs, and (2) will fall within time limits which avoid overlapping apportionment periods.

DO NOT WRITE IN THIS SPACE

CALIFORNIA-SDSW-MANUAL- AB

Rev. 1081 replaces Rev. 1074

Effective 10/1/60

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

S-400 INTRODUCTION - MONTHLY STATISTICAL REPORTS ON MEDICAL CARE OF
OAS, AB AND ANC RECIPIENTS (FORMS AG 260, BL 260, APSB 260,
CA 260-FG AND CA 260-BHI)

S-400

Contents of Reports

These statistical forms are to be used to report medical care services and expenditures allowed under the Medical Care program and paid from the county Medical Care Revolving Fund.

Medical Care provided from county indigent funds or from other county only funds, is to be excluded from these statistical reports.

When to Report Medical Care

The Medical Care statistical reports shall be sent in duplicate to Bureau of Statistical Reports, State Department of Social Welfare, 722 Capitol Avenue, Sacramento, California, to arrive by the 12th of each month following the month covered by the report.

S-402 GENERAL INSTRUCTIONS - MONTHLY STATISTICAL REPORTS ON
MEDICAL CARE, FORMS AG 260, BL 260, APSB 260, CA 260-FG
AND CA 260-BHI

S-402

Counties with CPS Contracts

Counties having contracts with California Physicians' Service shall submit monthly statistical reports on those Medical Care services for which they receive and process bills under the state Medical Care program, i.e., medical care provided by chiropractors, spiritual healers, public clinics. Counties shall also report on authorizations for "complete" dental care for children. California Physicians' Service will provide the State Department of Social Welfare with statistical reports on the vendor services included in their contracts for each county.

Medical Care Provided by Public and Private Clinics

Medical care services provided by public and private clinics will be reported in the same way as services provided by other vendors, i.e., according to the type of service provided. Exception: Payments to the University of California Clinic, San Francisco, are on a "unit-fee" basis. Report the amount of the payments under "9c."

Month Covered by Report

Report medical services according to the month in which the payment is made.

OCT 1 1960

These Regulations are designated to become effective.....

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

S-420 COLUMN DEFINITIONS, FORMS AG 260, BL 260, APSB 260, CA 260-FG, S-420
 CA 260-BHI

Each Form 260 is divided into two columns. Column (1) is for reporting the number of units of service provided, and Column (2) for reporting the amount paid for them.

Column (1) - Units of Service: Report in this column services rendered under the Medical Care Program. Enter a total at the top of the column. This total, since it consists of a variety of units, is significant only for control purposes. Unit of service counts are not required for items which have this column crossed out.

The unit of count varies with the type of service:

The Visit will be the unit of count for physicians, other practitioners and visiting nurses.

The Statement (Forms MC 162 and 163) will be the unit of count for dental care and rehabilitation centers.

The Prescription (Form MC 165) will be the unit of count for drugs.

Column (2) - Amounts: Enter in this column the amounts expended during the month for each type of medical care. The sum of the entries will equal the "Total" entry. Include payments from grant for services rendered before October 1, 1959. Amounts may be rounded to the nearest dollar.

S-440 TYPES OF MEDICAL CARE, FORMS AG 260, BL 260, APSB 260, S-440
 CA 260-FG, CA 260-BHI

Item 1. Physicians' visits - report the number of visits (home and office) of licensed medical and osteopathic practitioners and the amount paid for these services. The following procedures (Medical Care Manual Sec. 040.1) are counted as visits:

004	011	030	032
006	028	031	034
007			

(Continued)

These Regulations are designated to become effective OCT 1 1960

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

S-440 (Continued)

S-440

Item 2. Other practitioners' visits - report the number of visits (home and office) of chiropractors, chiropodists, and spiritual healers and the amount paid for these services. The following procedures (Medical Care Manual Secs. 043, 044, 045) will be included:

Chiropody (Medical Care Manual Sec. 043):

10 20 30

Chiropractic (Medical Care Manual Sec. 044):

004 005 006 007 011 028 030 031 032 034

Spiritual healer (Medical Care Manual Sec. 045):

1 2

Item 3. Visiting Nurse visits - report the number of visits by visiting nurses and the total amount paid for these visits. (Medical Care Manual Sec. 047)

Item 4. Special Medical Procedures - report the amounts paid for the procedures specified below:

Medical Care Manual Sec. 040.1

026 027 102 - 151

Medical Care Manual Sec. 040.2

0101 - 0402	1401 - 1517	2631 - 2644	5057 - 5062
0430	1851 - 1892	2701 - 3590	5437 - 5844
0501	1901 - 2186	3931 - 4033	5901 - 5961
0686 - 0980	2454	4101 - 4305	
1251 - 1385	2461	4403 - 4713	

Chiropody (Medical Care Manual Sec. 043)

50 - 53 70 - 72
60 80 - 96

Chiropractic (Medical Care Manual Sec. 044)

026 027 102 - 151

(Continued)

CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

S-440 (Continued)

S-440

Item 5. X-ray - report the amounts paid for the following procedures:

Medical Care Manual Section 040.3

7007 - 7112	7350 - 7377
7201 - 7258	7450 - 7478
7300 - 7308	

Chiropractic (Medical Care Manual Sec. 043)

40 - 44

Item 6. Laboratory - report the amounts paid for the following procedures:Medical Care Manual Sec. 040.4

8602 - 8750	8851 - 8878	8901 - 8918	8950 - 8999
8800 - 8835	8881 - 8895	8930 - 8949	

Item 7. Drugs and Other Medical Supplies - Drugs reported here are limited to those specified in Manual Section MC 031.1.

- a. Prescriptions - Enter the number of prescriptions (Form MC 165) and the amounts paid.

Exception: Oxygen - Whenever a charge for oxygen is identifiable, it shall not be reported under prescription, but the amount shall be reported under Item 9c. Injections administered by a physician in the course of a visit shall be reported under 7 b.

- b. Injections administered by a physician - Enter the amount paid for injections and medical supplies administered by physicians for which charges were made on Form MC 163.

Item 8. Dental Care - report the number of dental care statements (Form MC 162) which were paid during the month and the amount paid. Report the following procedures here:Medical Care Manual Sec. 042

010 - 360

(Continued)

CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

S-440 (Continued)

S-440

Item 9. Other Allowable Types of Medical Care - report as follows, under a, b, c:

- a. Physicial Therapy or Physio-therapy (MC 048) - Enter the amount paid for this type of service.
- b. Services of Rehabilitative Centers (MC 031.5) - Report the number of statements and the amounts paid.
- c. Other - Report here the amounts paid for types of service not classifiable in any of the items preceding. Include mileage for physicians, Procedures Code 008, (MC 040.1), for chiropractors, Procedures Code 008 (MC 044), and for chiropodists, Procedures Code 35 (MC 043); amounts paid during the month to the University of California Clinic; and nursing service (other than visiting nurses) (MC 031.5).

Item 10. (OAS only) Items added under Expanded Coverage (Type in item titles when instructed by SDSW.) As coverage of additional kinds of Medical Care for OAS recipients is authorized, counties will be advised of the entries to be made for this item.

Item 10. (ANC only) "Complete" Dental Care - Requests Authorized this Month - make entries as follows:

Number of Children - Enter the number of children in whose behalf the county authorized "complete" dental care during the month.

Amount Authorized - Enter the amount authorized by the county for the "complete" dental care of the above children. This amount is not expected to agree with the actual expenditures which are reported in Item 8.

Item 11. (Item 10 for ANB and APSB) Diagnostic Appraisals - Enter a count of diagnostic appraisals (MC Code 028) for which payment was made during the month. (Note that these visit counts and the expenditures are also included under the physician's visits, Item 1, or other practitioner's visits, Item 2.)

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective OCT 1 1969